

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005394

1. Entity Name

10100 SANTA MONICA, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90248 046 ****61.25

Principal Place of Business

Mailing Address

1801 HERMITAGE BLVD.
 SUITE 600
 TALLAHASSEE FL 32308

1801 HERMITAGE BLVD.
 SUITE 600
 TALLAHASSEE FL 32308-7707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3410291

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TODD, DAVID E
 1801 HERMITAGE BLVD.
 SUITE 100
 TALLAHASSEE FL 32308

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD. SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VTAS	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROGER E	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EDELMAN, HOWARD J	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	NOELL, JOHN W	
STREET ADDRESS	1801 N LASALLE ST	
CITY-ST-ZIP	CHICAGO IL 60601	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maury Tognarelli	
STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger E. Smith	
STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	-VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas McCarthy	
STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas M. Burdi	
STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne Quick	
STREET ADDRESS	1801 Hermitage Blvd., #600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE: *[Signature]* **McDouglas W. Bennett, Director** 850/488-4406
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)