

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90113 049 \*\*\*\*61.25

**DOCUMENT # N96000005394**

1. Entity Name

**10100 SANTA MONICA, INC.**

Principal Place of Business

Mailing Address

**1801 HERMITAGE BLVD.  
 SUITE 600  
 TALLAHASSEE FL 32308**

**1801 HERMITAGE BLVD.  
 SUITE 600  
 TALLAHASSEE FL 32308**

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**  Delete  
 NAME **BENNETT, DOUGLAS W**  
 STREET ADDRESS **1801 HERMITAGE BLVD. SUITE 600**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VT**  Delete  
 NAME **SMITH, ROGER E**  
 STREET ADDRESS **180 N LASALLE ST**  
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **TOGNARELLI, MAURY**  
 STREET ADDRESS **180 N LASALLE ST**  
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVAT**  Delete  
 NAME **GRAY, LYNNE M**  
 STREET ADDRESS **1801 HERMITAGE BLVD SUITE 600**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **DVAS**  Change  Addition  
 NAME **Smith, Jeffrey L.**  
 STREET ADDRESS **1801 Hermitage, Blvd., Suite 100**  
 CITY-ST-ZIP **Tallahassee, FL**

TITLE **DVAS**  Delete  
 NAME **HORTON, JAMES W**  
 STREET ADDRESS **1801 HERMITAGE BLVD, STE 600**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **BURDI, THOMAS M**  
 STREET ADDRESS **180 N LASALLE ST**  
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE  Change  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 an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Thomas M. Burdi* **Thomas M. Burdi**

2-5-02

312-541-6751

CR2E037 (9/01)