

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06211

1. Entity Name

LANE HOTELS, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90007 047 \*\*\*158.75

Principal Place of Business Mailing Address  
1200 SHERMER ROAD 1200 SHERMER ROAD  
LANE CENTER ONE LANE CENTER  
NORTHBROOK IL 60062-4500 NORTHBROOK IL 60062-4500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 36-3087906 Applied For Not Applicable

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, WILLIAM N. III		NAME	
STREET ADDRESS	1200 SHERMER ROAD		STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL		CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALEBIC, THOMAS V.		NAME	
STREET ADDRESS	1200 SHERMER ROAD		STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIJOS, JOHN P		NAME	
STREET ADDRESS	1200 SHERMER RD.		STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLER, ARTHUR J.		NAME	
STREET ADDRESS	1200 SHERMER ROAD		STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFORREST, WILLIAM J		NAME	
STREET ADDRESS	1200 SHERMER ROAD		STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL		CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHORY, SCOTT R		NAME	
STREET ADDRESS	1200 SHERMER ROAD		STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL		CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: JOHN P. RIJOS/PRESIDENT 2/4/00 847/498-6650  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)