

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90840 001 ***606.25

15804

DO NOT WRITE IN THIS SPACE

DOCUMENT # P21492

1. Entity Name

MF SERVICES CORP., AN ILLINOIS NOT-FOR-PROFIT CORPORATION

Principal Place of Business

Mailing Address

4400 PGA BLVD
SUITE 1000
PALM BEACH GARDENS FL 33410
US4400 PGA BLVD
SUITE 1000
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

3801 PGA BOULEVARD

3. Mailing Address

3801 PGA BOULEVARD

Suite, Apt. #, etc.

SUITE 604

Suite, Apt. #, etc.

SUITE 604

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

36-3613644

Applied For

Not Applicable

Zip

33410

Country

US

Zip

33410

Country

US

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**COHEN, STEVEN
625 N. FLAGLER DRIVE
SUITE 700
WEST PALM BEACH FL 33401**7. Name and Address of New Registered Agent**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, ADELE 140 SOUTH DEARBORN CHICAGO IL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTTON, LYN 140 SOUTH DEARBORN CHICAGO IL 60603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YANCHURA, MARC 140 SOUTH DEARBORN CHICAGO IL 60603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINTZ, JOSHUA J. 140 SOUTH DEARBORN CHICAGO IL 60603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EWING, NANCY BEST 140 SOUTH DEARBORN CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COHEN, STEVEN 625 N. FLAGLER DR. SUITE 700 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COHEN, STEVEN 625 N. FLAGLER DR. SUITE 700 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

04/27/00

(312) 726-8000