

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33528

1. Entity Name

CAPITAL ASSOCIATES REALTY PARTNERS CORPORATION

Principal Place of Business

1201 NORTH CLARK STREET, SUITE 300  
CHICAGO IL 60610-2270

Mailing Address

1201 NORTH CLARK STREET, SUITE 300  
CHICAGO IL 60610-2270

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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

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, 2001 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

TITLE	V	<input type="checkbox"/> Delete
NAME	KUPFERBERG, SCOTT	
STREET ADDRESS	1201 NORTH CLARK STREET, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60610-2270	
TITLE	CBSD	<input type="checkbox"/> Delete
NAME	MCKAY, TERRY A.	
STREET ADDRESS	1201 NORTH CLARK STREET, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60610-2270	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSENBERG, THOMAS B.	
STREET ADDRESS	1201 NORTH CLARK STREET, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60610-2270	
TITLE	V	<input type="checkbox"/> Delete
NAME	VARLAS, DENO T	
STREET ADDRESS	1201 NORTH CLARK STREET, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60610-2270	
TITLE	T	<input type="checkbox"/> Delete
NAME	METZGER, JOHN	
STREET ADDRESS	1201 NORTH CLARK STREET, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60610-2270	
TITLE	AS	<input type="checkbox"/> Delete
NAME	OSBORNE, BARBARA	
STREET ADDRESS	1201 NORTH CLARK STREET, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60610-2270	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deno T. Varlas March 23, 2001 (312) 335-2600

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3658396

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

CR2E034 (10/00)