## 2000 UNIFORM BUSINESS REPORT (UBR)

MANSUR & COMPANY-FLORIDA, INC.  FILED  OO APR IN Principal Place of Business  Principal Place of Business  Mailing Address  SECRETARY OF STATE  TALL AMASSEE FLORIDA	DOCU 1. Entity Nam	MENT # <b>V21513</b>	-	•			34	•	ı
Principal Place of Business   Mailing Activess   Service   Suffer Mod Adv Ave. Suffer 920   Service   Service   Suffer Mod Ave. Suffer 920   Service   Service   Suffer Mod Ave. Suffer 920   Service   Servi	•						FILED		
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TALLAHASSEE, FLORIDA  ACTION OF Months of Business  Suits, Act. #, offic  Suits, Act. #,	Principal Place of Business Mailing Address						• •		
Suite. April #, etc.    Suite. April #, etc.   Suite.   S	875 NORTH MICHIGAN AVE SUITE 3620 CHICAGO IL 60611						SECRETARY OF ST TALLAHASSEE, FLO	ATE )R <b>IDA</b>	
Suite. April #, etc.    Suite. April #, etc.   Suite.   S					-		.		
City & State  City & State  City & State  City & State  Country  C	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS	3 SPACE	
Security	City & State		City & State			<b>4.</b> FE	El Number <b>36-3206798</b>		
MANSUR, E. BARRY 1117 SCHEFFLERA DRIVE CAPTIVA FL 33924  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangable Tax Aning requirement and elects to do so.  After MAY 1, 2000 Fee will be 350.00. Make Check Physible to Department of State Address of Corporation is eligible to satisfy its intangable MANSUR, E. BARRY 77 S. M. MCHIGAN AVE, 43620 CITY-ST-2P  MANSUR, E. BARRY 78 S. MICHIGAN AVE, 43620 CITY-ST-2P  MARE MARE MARE MARE MARE MARE MARE MAR	Zip	Country Zip C		Country		5 Certificate of Status Desired \$8.75 Additional			
SITER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  17. OFF		6. Name and Address of Current F	Registered Agent			7. Na	ame and Address of New Registered		
CAPTIVA FL 33924  City FL Zip Code  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  9. This concoration is eligible to safely its intangible Tax filling requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MANSUR, E. BARRY  STREET ADDRESS  OUT-S-1-2P  CHICAGO IL 60611  TITLE  OBelee  TITLE  ORBETT, ROBERT C  STREET ADDRESS  OUT-S-1-2P  CHICAGO IL 60611  TITLE  OBERET ADDRESS  OUT-S-1-2P  OHICAGO IL 60611  TITL				Nai	me		, <del></del> -		
CAPTIVA FL 33924  8. The above named entity submits this statement for the purpose of changing its registered eight of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Submits   Submits   State				Stre	reet Address (P.O. Box Number is Not Acceptable)				
A. The above named entity submits this statement for the purpose of changing its registered affice or registered agent. or both, in the State of Florida.    Signature									
SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax hing requirement and elects to do so.   After MAY 1, 2000 Fee will be \$550.00    After				City	у		<b>_</b>	Zip Cod	le
9. This corporation is eligible to satisfy its intangible track flags and special production and all elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MANNE  MANSUR, E. BARRY  755 N. MICHIGAN AVE, #3820  CITY-ST-2P  TITLE  ORFICERS AND Lefelde  MANSUR, E. BARRY  757 N. MICHIGAN AVE, #3820  CITY-ST-2P  CHICAGO IL 60611  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  STREET ADDRESS  CITY-ST-2P	8. The above	named entity submits this statement for	the purpose of changing its r	registered offi	ce or registere	ed age	nt, or both, in the State of Florida.		
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Tax filing requirement and elects to do so. (Geo-riteria on back)   After MAY 1, 2000   Fee will be \$550.00   Trust Fund Contribution.   Solution Campaign Final Fund Contribution.   Solution Campaign F	SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE.	. Registered Agent	signature required	when rein	nstating) DATE		
Tast Fund Contribution	9. This corpo	pration is eligible to satisfy its intangible	*	•			10. Election Campaign Financing	\$5.0	May Re
11.	-	<u> </u>				te	, <del>-</del> -		
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		certify that the information supplied with	this filing does not qualify for	.1		ction 1	19.07(3)(i), Florida Statutes. I further o	ertify that the i	nformation

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR