

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90048 007 ***150.00

DOCUMENT # P95000068503

1. Entity Name

INDIAN RIVER SQUARE, INC.

Principal Place of Business

Mailing Address

C/O PAUL HOMER. ESQ./ RUDNICK & WOLFE
 203 NORTH LASALLE STREET
 CHICAGO IL 60601-1293

C/O PAUL HOMER. ESQ./ RUDNICK & WOLFE
 203 NORTH LASALLE STREET
 CHICAGO IL 60601-1210

00016494



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Melvin DeGraff/DeGraff, Levy

3. Mailing Address

c/o Melvin DeGraff/DeGraff, Levy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8707 Skokie Blvd., #404

8707 Skokie Blvd., #404

City & State

City & State

Skokie, Illinois

Skokie, Illinois

4. FEI Number **36-4038136**

Applied For

Not Applied

Zip

Country

U.S.A.

Zip

Country

U.S.A.

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

**C T CORPORATION SYSTEM
 1200 SOUTH 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 **DPST** Delete
 NAME **HORNSTEIN, MICHAEL**
 STREET ADDRESS **1550 DE MAISONNEUVE BLVD. W., ROOM 1030**
 CITY-ST-ZIP **MONTREAL, QUE. H3G 1N2 CANADA**

TITLE **DPST** Change Addition
 NAME **HORNSTEIN, MICHAEL**
 STREET ADDRESS **1550 DE MAISONNEUVE BLVD. W., ROOM 1030**
 CITY-ST-ZIP **MONTREAL, QUE. H3G 1N2 CANADA** Change Addition

TITLE **AS** Delete
 NAME **BARNETT, DIANE**
 STREET ADDRESS **C/O RUDNICK & WOLFE, 203 N. LASALLE ST**
 CITY-ST-ZIP **CHICAGO, IL 60601**

TITLE **AS** Change Addition
 NAME **WELER, MARSHALL**
 STREET ADDRESS **C/O DEGRAFF, LEVY & RAYNE, LTD.**
 CITY-ST-ZIP **8707 SKOKIE BLVD., #404, SKOKIE, ILLINOIS 60077**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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:

MICHAEL HORNSTEIN PRES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/2000 514-934-220