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1835210064

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Doc# 1835210064 Fee \$44.25

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/18/2018 10:59 AM PG: 1 OF 3

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone: (800) 331-3282 Fax: (818) 662-4141

B. E-MAIL CONTACT AT FILER (optional)
CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 13447 - STATE BANK OF

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	67752341 ILIL FIXTURE
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File with: Cook, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
GMB RESTAURANT INC

OR

1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3623 S ARCHER AVENUE CHICAGO IL 60609 USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
STATE BANK OF TEXAS

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

11950 Webb Chapel Rd DALLAS TX 75234 USA

4. COLLATERAL: This financing statement covers the following collateral:

All of Debtor's now owned and hereafter acquired; (a) accounts, general intangibles, chattel paper and documents; (b) inventory, including all additions, substitutions and accessions thereto and therefor; (c) equipment, furniture and trade fixtures, including all additions, substitutions and accessions thereto and therefor and all accessories, parts and equipment now or hereafter affixed thereto or used in connection therewith; and (d) all accounts, inventory, equipment, furniture, trade fixtures and other goods acquired with the proceeds thereof, all similar property hereafter acquired, all additions accessions and substitutions thereto and therefor and all accessories, parts and equipment now or hereafter attached thereto or used in connection therewith. All records of any kind relating to any of the foregoing; all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property. Covering all Business Assets.

S Y
P 3
S N
M Y
SC Y
E Y
INT DE

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:
67752341 GMB Restaurant Inc 484557

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

GMB RESTAURANT INC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Parcel ID:

17-31-312-001-0000-,
17-31-312-002-0000, 17-31-312-003-0000 &
17-31-312-004-0000LOTS 1,2,3 AND 4 IN BLAKE'S SUBDIVISION OF
LOT 1 IN BLOCK 5 IN JAMES H. REE'S ADDITION
TO BRIGHTON BEING A SUBDIVISION OF BLOCKS
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 67752341-IL-31 13447 - STATE BANK OF TEXAS

STATE BANK OF TEXAS

File with: Cook, IL

GMB Restaurant Inc 484557

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Debtor: GMB RESTAURANT INC

Exhibit for Real Estate

16. Description of real estate: Continued

3,4 AND 5 IN REE'S SUBDIVISION OF THE
NORTHWEST 1/4 OF THE SOUTHWEST 1/4/ OF
SECTION 31, TOWNSHIP 39 NORTH, RANGE 14, EAST
OF THE THIRD PRINCIPAL MERIDIAN, IN COOK
COUNTY ILLINOIS.

Filing Property Address:
3617-23 S Archer Avenue
Chicago, IL 60609

Property of Cook County Clerk's Office