# UNOFFICIAL COPY

*2106713939*
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### **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
COGENCY GLOBAL INC.	
115 N. CALHOUN ST, STE 4	•
TALLAHASSEE, FL 32301	

*2106713030*	
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Doc# 2106713030 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 03/08/2021 10:38 AM PG: 1 OF 4

COGENCY GLOBAL INC.					
115 N. CALHOUN ST, STE 4 TALLAHASSEE, FL 32301					
I ALLARAGORE, FL 32301					
	THE ABO	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
DEBTOR'S NAME: Provide only	act, full name; do not omit, modify, or abbreviate a provide the Individual Debtor information in item 16				
ADC PROPERTY MANACEMENT, L	LC				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
360 OVERLAND PASS	NORTHBROOK	IL	60062	USA	
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exc name will not fit in line 2b, leave all of item 2 blank, check here and part of item 2 blank, check here and part of item 2 blank, check here are and part of item 2 blank, check here are and part of item 2 blank, check here are and part of item 2 blank, check here are and part of item 2 blank, check here are and part of item 2 blank, check here are and part of item 2 blank, check here are and part of item 2 blank, check here are and part of item 2 blank, check here are and part of item 2 blank, check here are and part of item 2 blank, check here are and part of item 2 blank, check here are all of item 2 blank, check here are and part of item 2 blank, check here are all of item	ac''رنا'eme; do not omit, modify, or abbreviate a provice the الاطاقة المساقة المس				
		1.00,710	2121 2221212121212121212121212121212121	Toursen.	
2b. INDIVIDUAL'S SURNAME	FIRST PER (ON AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	R SECURED PARTY): Provide only one Secured	Party name (3a or 3)	)	-	
3a. ORGANIZATION'S NAME	IN SECOND FARTY. I lovide only Sile Se ulad	arty hame (ou or or			
STATE BANK OF THE LAKES, N.A.		0.			
				ALLEENY	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
. MAILING ADDRESS 140 LAKE STREET	ANTIOCH	76			
MAILING ADDRESS  40 LAKE STREET  COLLATERAL: This financing statement covers the following collateral:	ANTIOCH	STATE	POSTAL CODE	COUNTRY	
The state of the s	ANTIOCH	STATE	POSTAL CODE	COUNTRY	
MAILING ADDRESS  140 LAKE STREET  COLLATERAL: This financing statement covers the following collateral:  SEE SCHEDULE I ATTACHED HERETO AND  Check only if applicable and check only or a box: Collateral is held in	ANTIOCH	STATE IL	POSTAL CODE  60 002  ared by a Decedent's Person	COUNTRY	
MAILING ADDRESS  140 LAKE STREET  COLLATERAL: This financing statement covers the following collateral:  SEE SCHEDULE I ATTACHED HERETO AND  Check only if applicable and check only or a box: Collateral is held in 1. Check only if applicable and check only che box:	ANTIOCH  MADE A PART HEREOF.  a Trust (see UCC1Ad, item 17 and Instructions)	being administr	POSTAL CODE  60 002  ared by a Decedent's Person if applicable and check only	COUNTRY USA	
MAILING ADDRESS 40 LAKE STREET  COLLATERAL: This financing statement covers the following collateral:  EE SCHEDULE I ATTACHED HERETO AND  Check only if applicable and check only or e box: Collateral is held in	ANTIOCH  MADE A PART HEREOF.  a Trust (see UCC1Ad, item 17 and Instructions)	being administe  6b. Check only  Agricu	POSTAL CODE 61 002  ared by a Decedent's Person if applicable and check only flural Lien Non-UCC	COUNTRY USA	

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### UCC FINANCING STATEMENT ADDENDUM

DELUW INSTRUCTIONS		_			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement	t; if line 1b was left blank				
because Individual Debtor name did not fit, check here					
99. ORGANIZATION'S NAME ADC PROPERTY MANAGEMENT, LLO	C				
ADC PROPERTY MANAGEMENT, EL	<u> </u>				
R 95. INDIVIDUAL'S SURNAME					
90. NOIVIDORES SORIVANIE					
FIRST PERSONAL NAME					
THOSE EROOME NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
ADDITIONAL HAMELOJIIII I ALL	001134				05.405.044.4
		<u> </u>		IS FOR FILING OFFI	•
<ol> <li>DEBTOR'S NAME: Provide (10a or hop) only one additional Debtor name do not omit, modify, or abbreviate any part or the Publior's name) and enter the</li> </ol>		line 1b or 2b of the F	inancing S	Statement (Form UCC1) (	(use exact, full name;
10a. ORGANIZATION'S NAME	o maning address in title 100				
IOR. ORGANIZATION'S NAME					
R 10b. INDIVIDUAL'S SURNAME					
TOD. INDIVIDUAL S SURVAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL OF INSTITE ENGOINE PASSE					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<del></del>				SUFFIX
	4				1
DC. MAILING ADDRESS	ICITY		STATE	POSTAL CODE	COUNTRY
W. MAILING ABBITECO			0,,,,,	, 551,,25554	
	HOR GEOUPEN DATE	10			
1. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	S NAME: Provide	only <u>one</u> n	ame (11a or 11b)	
118. ORGANIZATION S NAME					
R T1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		TADDITIO	DNAL NAME(S)/INITIAL(S	S) SUFFIX
The morning of the second seco	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Ic. MAILING ADDRESS	CITY	70	STATE	POSTAL CODE	COUNTRY
		CV			
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					ļ.
ADDITIONAL OF AGE FOR THEM 4 (Oblidio all).			O		
			'	O SSI CO	
				Co	
				C	
This FINANCING STATEMENT is to be filed [for record] (or recorded) in t REAL ESTATE RECORDS (if applicable)	he 14. This FINANCING STATE	MENT:			
REAL ESTATE RECORDS (if applicable)	covers timber to be	cut covers as-	extracted	collateral  is filed	as a fixture filing
5. Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real estate	9:	-		
(if Debtor does not have a record interest;:	CEE EVIDIT A	ATTACHED	HEDE	TO AND MADE	A PART
	HEREOF.	BIT A ATTACHED HERETO AND MADE A PART			
	HEREOF.				

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### SCHEDULE I TO UCC FINANCING STATEMENT

**DEBTOR:** ADC PROPERTY MANAGEMENT, LLC

**SECURED PARTY:** STATE BANK OF THE LAKES, N.A.

All fixtures and personal property now or hereafter owned by Debtor and attached to or contained in and used or useful in connection with the real estate described on Exhibit A attached hereto (the "Premises") or the improvements thereon, including without limitation any and all air conditioners, antennae, appliances, apparatus, awnings, basins, bathtubs, boilers, bookcases, cabinets, carpets, coolers, curtains, dehum differs, disposals, doors, drapes, dryers, ducts, dynamos, elevators, engines, equipment, fans, fittings, floor coverings, freezers, furnaces, furnishings, furniture, hardware, heaters, humidifiers, incinerators, lighting, mechinery, motors, ovens, pipes, plumbing, pumps, radiators, ranges, recreational facilities, refrigerators, screens, security systems, shades, shelving, shipping dock load level, sinks, sprinklers, stokers, stoves, toilets, trash compactor systems, ventilators, wall coverings, washers, wastewater facilities, windows, window coverings, wiring, and all renewals or replacements thereof or articles in substitution therefor, whether or not the same be attached to such improvements, and any and

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2. All leases, subleases, rea.
ease or sublease of the Premises (whether now but not limited to, rent, additional rent, percentage real expenses, whether due in one payment or amortized over a perportity relating to the Premises and all proceeds thereof. All leases, subleases, rents, issies, income, amounts due and payable to Debtor under any lease or sublease of the Premises (whether now due and owing or due and owing in the future, including, but not limited to, rent, additional rent, percentage lent, taxes, insurance and reimbursable costs and expenses, whether due in one payment or amortized over a period of time), condemnation proceeds and

after filing should be mailed to:

Pamela J. Sandborg, Esq. Levenfeld Pearlstein, LLC 400 Skokie Boulevard Suite 800 Northbrook, Illinois 60062

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#### **EXHIBIT "A"** LEGAL DESCRIPTION

LOTS 23 AND 24 IN THE SUBDIVISION OF THE WEST 52 FEET OF LOT 46 AND ALL OF LOTS 49, 52 AND 55 OF SCHACKFORD'S SUBDIVISION OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 12, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 13-12-417-010-0000

Jorth Tai.

Clark's Office Address: 4866 North Talman, Chicago, Illinois 60625