

Doc#: 2425730374 Fee: \$107.00  
CEDRIC GILES  
COOK COUNTY CLERK'S OFFICE  
Date 9/13/2024 4:30 PM Pg: 1 of 9

UCC FINANCING STATEMENT  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
2926 44106 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Illinois (Cook)
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

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 Centric Hospitality LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1000 Busse Rd		CITY Elk Grove Village	STATE IL	POSTAL CODE 60007-2432 COUNTRY 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 CORPORATION SERVICE COMPANY, AS REPRESENTATIVE				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO BOX 2576 UCCSPREP@cscinfo.com		CITY Springfield	STATE IL	POSTAL CODE 62708 COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
see attached invoice

The equipment financed under Contract 1213480 listed above, whether now owned or hereafter acquired, together with all personal property installed in, affixed to or used in connection therewith and all present or future: (i) additions, accessories, accessions, attachments, parts, supplies, related software, intellectual property, rights, licenses and improvements thereto; (ii) substitutions, renewals, replacements and purchase options thereof; (iii) insurance, warranty, and other third-party claims; (iv) Debtor's rights in connection with a third-party's use of such equipment under a sublease, rental or similar agreement; (v) proceeds and product in any form (including but not limited to insurance and sale proceeds) of each of the foregoing, whether it be cash, non-cash or in any other form; and (vi) to the extent the equipment identified herein is construed as or deemed inventory, that inventory and all accounts, accounts receivable, cash proceeds and all other proceeds related thereto or derived therefrom.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	

8. OPTIONAL FILER REFERENCE DATA:

2926 44106

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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 <input type="checkbox"/>	
9a. ORGANIZATION'S NAME Centric Hospitality LLC	
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) with 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. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> 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. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> 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): Parcel ID #:08274020060000 Neighborhood:16070 PARCEL 1:LOT 93 PARCEL 2:LOT 2 1000 Busse Rd, Elk Grove Village, IL 660007-2432	16. Description of real estate: Holiday Inn Elk Grove 10275 W Higgins #300, Rosemont, IL 60018

17. MISCELLANEOUS:

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**JTS Hospitality Resources, Inc.**  
**125 Guilford Drive**  
**Easley, SC 29642**  
**864.220.1800**

## Invoice

Number 152337

Date 8/28/2024

Bill To

Ship To

CENTRIC HOSPITALITY  
 1000 Busse Rd  
 Elk Grove Village IL 60007

CENTRIC HOSPITALITY  
 1000 Busse Rd  
 Elk Grove Village IL 60007

PO Number  
 152-337

Terms  
 TBD

F.O.B.  
 PP&A

MPN	Description	Qty	Price	Tax	Amount
GB100	Custom Vanity & Bath Size 54" x 24" x 38"	160	\$515.00		\$82,400.00
GB101	Custom Vanity & Ada Bath Size 53" x 24" x 16"	7	\$505.00		\$3,535.00
GB300	Lighted Mirrors in Bath Size 54" x 2" x 40"	153	\$313.00		\$47,889.00
GB301	Lighted Mirrors in ADA Bath Size 30" x 2" x 40"	7	\$306.00		\$2,520.00

Amount Paid \$0.00

Shipping Cost \$0.00

Amount Due \$149,978.40

Sub Total \$136,444.00

Sales Tax % \$13,634.40

Total \$149,978.40

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## Exhibit A Legal Description

### LEGAL DESCRIPTION:

#### PARCEL 1:

LOT 93 IN CENTEX INDUSTRIAL PARK UNIT 62, BEING A SUBDIVISION IN SECTION 27, TOWNSHIP 41 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE NORTH 20 FEET OF THE WEST 265 FEET OF THE LAND AS CONVEYED TO THE STATE OF ILLINOIS BY DEED RECORDED AS DOCUMENT 21010505), IN COOK COUNTY, ILLINOIS. PARCEL 2:

#### PARCEL 2:

LOT 2 (EXCEPT THE WEST 75 FEET OF THE NORTH 313.45 FEET THEREOF) IN IBT CENTEX INDUSTRIAL PARK, BEING A RESUBDIVISION OF LOT 384 IN CENTEX INDUSTRIAL PARK UNIT 232, BEING A SUBDIVISION IN THE SOUTH HALF OF THE SOUTHEAST QUARTER OF SECTION 27, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

#### PIN:

08-27-402-006-0000  
08-27-402-007-0000

#### PROPERTY ADDRESS:

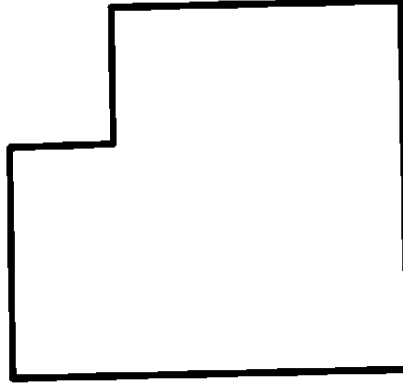
1000 Busse Road  
Elk Grove Village, Illinois 60007

Property of Cook County's Office

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08274020060000 1000 BUSSE RD, ELK GROVE

BUSSE RD



Property of Cook County Clerk's Office

LANDMEIER RD

CHASE AVE

JARVIS AVE

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Parcel #: 08274020060000

Neighborhood: 16070

1000 BUSSE RD

ROLL: RP

Tax Year: 2024 (Taxes Payable in 2025)

**PIN Info**

Tax Year	2024
Pay Year	2025
Property Address	1000 BUSSE RD
Building/Unit #:	
City & Zip Code	ELK GROVE VILLAGE IL 60007
Multiple Addresses:	No
Class	529 - Motel
Neighborhood	16-070
Tax District	16144
Key PIN	08-27-402-006-0000
Common Interest Land %	0
Common Interest Bldg %	
Town Name	16 - ELK GROVE TOWNSHIP
Tri-Town	16 - NORTH

Parcel #: 08274020060000

Neighborhood: 16070

1000 BUSSE RD

ROLL: RP

Tax Year: 2024 (Taxes Payable in 2025)

Tax Year	2024
PIN:	08-27-402-006-0000
Taxpayer Name	HOLIDAY INN ELK GROVE
Taxpayer Name 2	
Address Type:	N
Address:	10275 W HIGGINS #300
City:	ROSEMONT
State	IL
Zip	60018

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Parcel #: 08274020060000

Neighborhood: 16070

1000 BUSSE RD

ROLL: RP

Tax Year: 2024 (Taxes Payable in 2025)

**Current Year's Value Summary**

Tax Year	Class	Process Name	Date Calculated	Reason for Change
2024	529	CCAOFINAL	08/13/2024	24 - Revaluation

**Current Year's Value Detail**

Tax Year	2024
Roll Type	RP
Value Class	
Property Class	529 - Motel
Process Name	CCAOFINAL
Process Date	08/13/2024
Reason for Change	24 - Revaluation
HIE AV	\$0
Land MV	\$1,576,835
Building MV	\$4,114,108
Total MV	\$5,690,943
Land AV	\$594,209
Building AV	\$1,023,527
Total AV	\$1,422,736

Parcel #: 08274020060000

Neighborhood: 16070

1000 BUSSE RD

ROLL: RP

Tax Year: 2024 (Taxes Payable in 2025)

**Property Description**

Tax Code	16144
Volume	050
Township	16 - Elk Grove Township
Property Address	1000 BUSSE RD
Building/Unit #	
City	ELK GROVE VILLAGE. 60007

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Parcel #: 08274020060000

Neighborhood: 16070

1000 BUSSE RD

ROLL: RP

Tax Year: 2024 (Taxes Payable in 2025)

**Land Summary**

Line	Class	Land Type	Code	Square Feet
1	500	S - SF	0 - Default	185,510

Click the angle bracket (here, on the right) to move to next record

Land Line	1
Tax Year	2024
Class	500 -
Level of Assessment	
Land Type	S - SF
Land Code	0 - Default
Land. Sq Ft	185,510
Land. Acres	4.2587
Land Proration	
Exemption Pct	
Flood Zone Impact	
Flood Zone	
Incentive Control Number	
Land MV/SF	\$8.50

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Parcel #: 08274020060000

Neighborhood: 16070

1000 BUSSE RD

ROLL: RP

Tax Year: 2024 (Taxes Payable in 2025)

**Commercial Building Summary**

Card #	Class	Subclass 1	Subclass 2	Year	CDU	Grade
1	529			1969	GD - GOOD	2-AVERAGE

**Commerical**

Card #	1
Multicode #	010
Card Code	4
Class	529 - Motel
Subclass 1	
Subclass 2	
Level of Assessment	25%
Year Built	1969
Structure Code	315
Grade	2-AVERAGE
# Units:	160
CDU	GD - GOOD
Alternative CDU	GD - Good
Improvement Name	
Gross Building Description	
Total Building Area	102.259
Percent Complete	
Occupancy %	
Exempt %	0
Prorated Bldg %	0
Reason for Change	

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