

## CITY OF NAPERVILLE PETITIONER/APPLICANT - DISCLOSURE OF BENEFICIARIES

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

Petitioner: Michael R. Goworowski					
Address: 930 E Prairie Ave					
Na	perville, IL 60540				
Nature of Benefit sought: Preliminary/Final Plat of Subdivision					
Nature of Petitioner (select one):					
	Individual		Partnership		
	Corporation		Joint Venture		
V	Land Trust/Trustee		Limited Liability Corporation (LLC)		
	Trust/Trustee		Sole Proprietorship		
If Petitioner is of Petitioner:	s an entity other than desc	ribed	in Section 3, briefly state the nature and character		

- 5. If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (or on a separate sheet):
  - Limited Liability Corporation (LLC): The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
  - Corporation: The name and address of all corporate officers; the name and address of every person who owns five percent (5%) or more of any class of stock in the corporation; the State of incorporation; the address of the corporation's principal place of business. If the State of incorporation is other than Illinois, confirm that the corporation is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
  - Trust or Land Trust: The name, address and interest of all persons, firms, corporations
    or other entities who are the beneficiaries of such trust.
  - Partnerships: The type of partnership; the name and address of all general and limited partners, identifying those persons who are limited partners and those who are general partners; the address of the partnership's principal office; and, in the case of a limited partnership, the county where the certificate of limited partnership is filed and the filing number.
  - **Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
  - Sole Proprietorship: The name and address of the sole proprietor and any assumed name.
  - Other Entities: The name and address of every person having a proprietary interest, an interest in profits and losses or the right to control any entity or venture not listed above.

6.	Name, address and capacity of person making this disclosure on behalf of the Owner:					
	same					
VERIFI	ICATION					
disclos	im the person making this disclosure on behalf of the Owner, that I am duly authorized to make the sure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statement the true in both substance and fact.					
	ribed and Sworn to before me this day of, 2025  Public and seal					
	Official Seal HILDA G GODINEZ Notary Public, State of Illinois Commission No. 680479 My Commission Expires September 8, 2027					



## **PROPERTY OWNER** - DISCLOSURE OF BENEFICIARIES

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

1.	Owner: Michael R. Goworowski and Cynthia L. Goworowski					
	Add	ress: 930 E Prairie				
		Naperville. IL 60540				
2.	Nature (	of Benefit sought: Preliminary Plat				
3.	Nature	of Owner (select one):				
		☐ Individual	☐ Partnership			
		□ Corporation	☐ Joint Venture			
		✓ Land Trust/Trustee	☐ Limited Liability Corporation (LLC)			
		☐ Trust/Trustee	☐ Sole Proprietorship			
4.	If Owner:	er is an entity other than described	in Section 3, briefly state the nature and characteristics of			
5.	If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (or on a separate sheet):					
		members, as applicable. If the LLC registered with the Illinois Secretar Corporation: The name and address of incorporation; the address of the secretary of incorporation; the address of the secretary of the se	LC): The name and address of all members and managing C was formed in a State other than Illinois, confirm that it is y of State's Office to transact business in the State of Illinois. ess of all corporate officers; the name and address of every o) or more of any class of stock in the corporation; the State ne corporation's principal place of business. If the State of , confirm that the corporation is registered with the Illinois			
		Secretary of State's Office to trans	act business in the State of Illinois.			
	C.	Trust or Land Trust: The name, other entities who are the beneficial	address and interest of all persons, firms, corporations or aries of such trust.			
	d. Partnerships: The type of partnership; the name and address of all general and limited partners, identifying those persons who are limited partners and those who are general partners; the address of the partnership's principal office; and, in the case of a limited partnership, the county where the certificate of limited partnership is filed and the filing number.					
	e.	Joint Ventures: The name and a of the legal vehicle used to create	ddress of every member of the joint venture and the nature the joint venture.			
	f.	Sole Proprietorship: The name a	and address of the sole proprietor and any assumed name.			
	g.	Other Entities: The name and a interest in profits and losses or the	address of every person having a proprietary interest, an e right to control any entity or venture not listed above.			
	Mic	chael R Goworowski and Cynthia L Gov	vorowski			

as Co-Trustees of the Michael R Goworowski Trust under agreement dated October 4, 2019

	Michael R Goworowski and Cynthia L Goworowski
	as Co-Trustees of the Michael R. Goworowski Trust under Agreement dated October 4, 2019
6.	Name, address and capacity of person making this disclosure on behalf of the Petitioner:
VERI	FICATION
that I	hael and Cynthia Goworowski (print name), being first duly sworn under oath, depose and state am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the ments contained therein/are true in both substance and fact.
Signa	cribed and Sworn to before me this 11 day of June, 20 25.
Subs	cribed and Sworm to before me this day of, 20, 20
Notai	Official Seal HILDA G GODINEZ Notary Public, State of Illinois Commission No. 680479 My Commission Expires September 8, 2027