

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90840 001 \*\*\*606.25

**DOCUMENT #** 206426  
**Entity Name**  
 HARTSEL RANCH CORPORATION

**Principal Place of Business**  
 4400 PGA BLVD  
 SUITE 1000  
 PALM BCH GARDENS FL 33410  
 US

**Mailing Address**  
 4400 PGA BLVD  
 SUITE 1000  
 PALM BCH GARDENS FL 33410-6563  
 US

15803

**Principal Place of Business**  
 3801 PGA BOULEVARD

**3. Mailing Address**  
 3801 PGA BOULEVARD

**Suite, Apt. #, etc.**  
 SUITE 604

**Suite, Apt. #, etc.**  
 SUITE 604

**City & State**  
 PALM BEACH GARDENS, FL

**City & State**  
 PALM BEACH GARDENS, FL

**Zip** 33410 **Country** US **Zip** 33410 **Country** US

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-1010067 **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 COHEN, STEVEN  
 625 N FLAGLER DR  
 SUITE 700  
 W PALM BCH FL 33401

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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** \_\_\_\_\_ (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.**  **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**

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MINTZ, JOSHUA M 140 S DEARBORN ST CHICAGO IL 60603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINTZ, JOSHUA J. 140 S. DEARBORN ST. CHICAGO, IL 60603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHERNOFF, DAVID S 140 SOUTH DEARBORN ST CHICAGO IL 60603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CHERNOFF, DAVID S. 140 S. DEARBORN ST. CHICAGO, IL 60603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, STEVEN 625 N FLAGLER DR STE 700 W PALM BCH FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTTON, LYN 140 S DEARBORN ST CHICAGO IL 60603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YANCHURA, MARC 140 S DEARBORN ST CHICAGO IL 60603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**3. 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:** \_\_\_\_\_ **DATE** 04/27/00 **PHONE** (312) 726-8000

CR2E034 (9/99)