

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91265 001 ***333.75

DOCUMENT # 206426
1. Entity Name
 HARTSEL RANCH CORPORATION

Principal Place of Business 4400 PGA BLVD SUITE 1000 PALM BCH GARDENS FL 33410 US	Mailing Address 3801 PGA BLVD SUITE 604 PALM BCH GARDENS FL 33410 US
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2. Principal Place of Business	3. Mailing Address 140 SOUTH DEARBORN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1100

City & State	City & State CHICAGO, IL	4. FEI Number 59-1010067	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip 33410	Country US	Zip 60603	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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72562

DO NOT WRITE IN THIS SPACE

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 _____

8. 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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINTZ, JOSHUA J.		NAME	
STREET ADDRESS 140 S DEARBORN ST		STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60603		CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHERNOFF, DAVID S		NAME	
STREET ADDRESS 140 SOUTH DEARBORN ST		STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60603		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUTTON, LYN		NAME	
STREET ADDRESS 140 S. DEARBORN ST.		STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60603		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YANCHURA, MARC		NAME	
STREET ADDRESS 140 S DEARBORN ST		STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60603		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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:  **04/27/01** **(312) 726-8000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joshua J. Mintz Date Daytime Phone #

CR2E034 (10/00)