

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857381

1. Entity Name

ORANGELAND VISTAS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 30 PM 2: 33

Principal Place of Business

Mailing Address

c/o Jenifer Usher
Two North Riverside Plaza
Suite 800
Chicago Illinois 60606

Same

2. Principal Place of Business
c/o Jenifer Usher

3. Mailing Address
c/o Jenifer Usher

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 800

Suite 800

City & State
Chicago IL

City & State
Chicago IL

4. FEI Number

36-3250287

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
60606

Country
US

Zip
60606

Country
US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lexis Document Services, Inc.
3953 W.W. Kelley Road
Tallahassee, FL 32311

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 *C. Woodyard, as agent, LDS*

DATE 10-30-01

Signature, typed or printed name of registered agent and title if applicable.

(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, 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 NAME STREET ADDRESS CITY-ST-ZIP | Director/President Arthur A. Greenberg Two North Riverside Plaza # 800 Chicago Illinois 60606 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director/VP/Treasurer Susan Obuchowski Two North Riverside Plaza # 800 Chicago Illinois 60606 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Judy Pultorak Two North Riverside Plaza # 800 Chicago Illinois 60606 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Vice President Genevieve Schultz Two North Riverside Plaza # 800 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Asst. VP/ Secretary Jenifer Usher Two north Riverside Plaza # 800 Chicago Illinois 60606 | <input type="checkbox"/> Delete |
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800004662978--0 -11/01/01--01057--008 ***550.00 ***550.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Jenifer Usher*

10/29/01

(512) 279-1456

**ORANGELAND VISTAS, INC.
Two North Riverside Plaza, Suite 800
Chicago, Illinois 60606**

Direct Dial: (312) 279-1436
Direct Fax: (312) 279-1437
E-mail: jennifer_usher@mhchomes.com

October 29, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

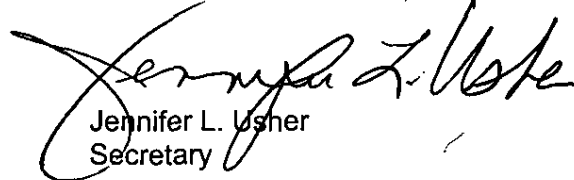
Re: Orangeland Vistas, Inc.

Dear Sir or Madame:

Enclosed is the original annual report for foreign qualification to be filed on behalf of Orangeland Vistas, Inc. and a check in the amount of \$550.00 payable to the Department of State for the filing fee. On June 5, 2001 we sent the completed original annual report for Orangeland Vistas, Inc. with a check in the amount of \$550.00 payable to the Department of Revenue (see copy attached). Apparently the filing was not accepted due to the check being payable to the wrong department. We never received a letter of rejection or the previously filed report and check. Please waive the reinstatement fees at this time.

Please call me at (312) 279-1436 with any questions you have.

ORANGELAND VISTAS, INC.


Jennifer L. Usher
Secretary

cc: David W. Fell