

# 2000 UNIFORM BUSINESS REPORT (UBR)

06552028

**DOCUMENT # F93000005486**

1. Entity Name  
**EQR-WOODLAKE VISTAS, INC.**

FILED

00 JAN 13 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 US c/o L. Currie		C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO IL 60606-2800 US c/o L. Currie	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-3927571</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY RD 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.

**700003097497--9**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIEBENTRITT, DONALD J		NAME	Kelly Stonebraker	
STREET ADDRESS	2 N. RIVERSIDE PLAZA		STREET ADDRESS	203 N. LaSalle, Suite 1800, Chicago, IL	
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIPPS, JAMES M.		NAME	Patricia Nesti	
STREET ADDRESS	2 N. RIVERSIDE PLAZA		STREET ADDRESS	2 N. Riverside Plaza, Chicago, IL	
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	TV	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR A		NAME	Arthur Greenberg	
STREET ADDRESS	2 N. RIVERSIDE PLAZA		STREET ADDRESS	2 N. Riverside Plaza, Chicago, IL	
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSFELD, MARLENE		NAME	William Hermann	
STREET ADDRESS	2 N. RIVERSIDE PLAZA		STREET ADDRESS	203 N. LaSalle, Suite 1800, Chicago, IL	
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, ANN M.		NAME	Karyn Tomillo	
STREET ADDRESS	2 N. RIVERSIDE PLAZA		STREET ADDRESS	Two N. Riverside Plaza, Suite 400	
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP	Chicago, IL 60606	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONEBRAKER, KELLY		NAME	William Hermann	
STREET ADDRESS	2 N RIVERSIDE PLAZA		STREET ADDRESS	203 N. LaSalle, Suite 1800, Chicago, IL	
CITY-ST-ZIP	CHICAGO IL		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: *Kelly Stonebraker* VP Date: 1/11/00 Daytime Phone #: 312-474-1300

**KE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 20209010  
(Sub Account)

DATE: 1-13

REQUESTOR NAME: LEXIS

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: F93-5486

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: C. Woodyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Call if Problem
- Walk In
- Will Wait
- Mail Out
- After 4:30
- Pick Up

RECEIVED  
00 JAN 13 AM 11:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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