

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005657

1. Entity Name

**EQR-VILLAGE GREEN VISTAS, INC.**

FILED

00 FEB 25 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O ANN M. SCHNEIDER XXX  
2 N. RIVERSIDE PALZA  
CHICAGO IL 60606

C/O ANN M. SCHNEIDER X  
2 N. RIVERSIDE PALZA  
CHICAGO IL 60606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o L. Currie

3. Mailing Address

c/o L. Currie

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

City & State

4. FEI Number

36-3926660

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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

SIGNATURE

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.  
(See criteria on back)

**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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	PHIPPS, JAMES M.	NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR A	NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBENTRITT, DONALD J	NAME	Kelly Stonebraker
STREET ADDRESS	2 N. RIVERSIDE PLAZA	STREET ADDRESS	203 North LaSalle, Suite 1800
CITY-ST-ZIP	CHICAGO IL 60606	CITY-ST-ZIP	Chicago, IL
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ANN M	NAME	Bill Hermann
STREET ADDRESS	2 N. RIVERSIDE PLAZA	STREET ADDRESS	203 North LaSalle Street, Suite 1800
CITY-ST-ZIP	CHICAGO IL 60606	CITY-ST-ZIP	Chicago, IL
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	Assist. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSFELD, MARLENE	NAME	Karyn Tomillo
STREET ADDRESS	2 N. RIVERSIDE PLAZA	STREET ADDRESS	Two North Riverside Plaza
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	Chicago, IL
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONEBRAKER, KELLY	NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	STREET ADDRESS	
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:

*Ann M. Schneider*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500003147495--5

Date

Daytime Phone #

CR2E034 (9/99)

**KE**

2

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: \_\_\_\_\_  
(Sub Account)

DATE: 2-25-00

REQUESTOR NAME: LEXIS

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

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

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

RECEIVED  
00 FEB 25 AM 11:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION NAME: File 2000 Annual Report  
EQR-Village Green Vistas, Inc

DOCUMENT NUMBER: F93000005657  
(if applicable)

AUTHORIZATION: C. Woodyard

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

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

KE