

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90151 042 \*\*\*150.00

**DOCUMENT # F94000003983**

1. Entity Name  
**SNOWBIRDLAND VISTAS, INC.**

Principal Place of Business <del>% ANN M. SCHNEIDER</del> 2 N. RIVERSIDE PLAZA CHICAGO IL 60606	Mailing Address <del>% ANN M. SCHNEIDER</del> 2 N. RIVERSIDE PLAZA CHICAGO IL 60606-2600
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2. Principal Place of Business c/o Jennifer Usher Suite, Apt. #, etc. <b>Suite 800</b> City & State	3. Mailing Address c/o Jennifer Usher Suite, Apt. #, etc. <b>Suite 800</b> City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-3967305</b>	Applied For <input type="checkbox"/> 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 <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS ST., STE. 105</b> <b>TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ 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. <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 DVP	STONEBRAKER, KELLY 2 N. RIVERSIDE PLAZA CHICAGO IL	<input checked="" type="checkbox"/> Delete	TITLE DVP-T Obuchowski, Susan 2 N. Riverside Plaza Chicago, IL 60606
TITLE TV	GREENBERG, ARTHUR A 2 N. RIVERSIDE PLAZA CHICAGO IL	<input type="checkbox"/> Delete	TITLE D-P Greenberg, Arthur A.
TITLE DV	PHIPPS, JAMES M 2 N. RIVERSIDE PLAZA CHICAGO IL 60606	<input checked="" type="checkbox"/> Delete	TITLE D Pultorek, Judy 2 N. Riverside Plaza Chicago, IL 60606
TITLE DP	LIEBENTRITT, DONALD J 2 N. RIVERSIDE PLAZA CHICAGO IL	<input checked="" type="checkbox"/> Delete	TITLE AVP Schultz, Jenny 2 N. Riverside Plaza Chicago, IL 60606
TITLE AS	KOSFELD, MARLENE C 2 N. RIVERSIDE PLAZA CHICAGO IL 60606	<input checked="" type="checkbox"/> Delete	TITLE AVP-S Usher, Jennifer 2 N. Riverside Plaza Chicago, IL 60606
TITLE S	SCHNEIDER, ANN M 2 N. RIVERSIDE PLAZA CHICAGO IL 60606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Jennifer Usher* Jennifer Usher, Secretary 4/12/00 312/279-1436  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPE034 (9/99)