

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90083 027 \*\*\*150.00

**DOCUMENT # F95000000620**

1. Entity Name  
**PERA BOCA ELEVEN, INC.**

Principal Place of Business 101 CALIFORNIA ST 26TH FLOOR SAN FRANCISCO CA 94111-853 US	Mailing Address 101 CALIFORNIA ST 26TH FLOOR SAN FRANCISCO CA 94111-5802 US
--	---

**632824**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-1249343**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ 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)

**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	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P HAUER, SUZANNE M 101 CALIFORNIA ST, 26TH FLOOR SAN FRANCISCO CA 94111-5853</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	<b>V EGAN, GERALD E 875 N MICHIGAN AVE, 41ST FLOOR CHICAGO IL 60611-1901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Assistant Secretary Susan E. McClintock 875 North Michigan Avenue, 41st Floor Chicago, Illinois 60611-1901</b>
<input type="checkbox"/> Delete	<b>ST FERKULL, PAULA M 875 N. MICHIGAN AVE, 41ST FLOOR. CHICAGO IL 60611-1901</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>V COOK, ROEBRT J 875 N MICHIGAN AVE, 41ST FLOOR CHICAGO IL 60611-1901</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>V LEITNER, CHARLES B III 875 N MICHIGAN AVE, 41ST FLOOR CHICAGO IL 60611-1901</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>V GONZALEZ, TIMOTHY K 101 CALIFORNIA ST 26TH FLOOR SAN FRANCISCO CA 94111-5853</b>	<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)(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: Paula M. Ferkull Date: March 22, 2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer and Secretary (312) 266-9300  
 Daytime Phone #

C-1034 (9/99)