

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 265060

1. Entity Name

ARVIDA REALTY SALES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90062 016 ***150.00

944414



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
900 N. MICHIGAN AVE. CHICAGO IL 60611	900 N. MICHIGAN AVE. CHICAGO IL 60611-1542

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-0997440	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	NICKELE, GARY	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOTTA, JAMES D	
STREET ADDRESS	7900 GLADES RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NIELSEN, PAUL C	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOVELETTE, STEPHEN A	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	O'MAHONEY, KAREN M	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KOGEN, HOWARD	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Karen M. O'Mahoney 04/11/00 (312) 915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)