

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90020 031 ***150.00

DOCUMENT # 857381

1. Entity Name
ORANGELAND VISTAS, INC.

Principal Place of Business	Mailing Address
% JENNIFER USHER TWO NORTH RIVERSIDE PLAZA., STE 800 CHICAGO IL 60606	% JENNIFER USHER TWO NORTH RIVERSIDE PLAZA., STE 800 CHICAGO IL 60606

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
36-3250287

Applied For
 Not Applicable

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 ROAD
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, 2002 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

TITLE PD ☐ Delete
NAME GREENBERG, ARTHUR A
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA., #800
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPTD ☐ Delete
NAME OBUCHOWSKI, SUSAN
STREET ADDRESS TWON NORTH RIVERSIDE PLAZA., #800
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PULTORAK, JUDY
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AVP ☐ Delete
NAME SCHULTZ, GENEVIEVE
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA., #800
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AVPS ☐ Delete
NAME USHER, JENIFER
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA., #800
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Jennifer L. Usher **Jennifer L. Usher,**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 01/16/02 312/279-1400
 Date Daytime Phone #

CR2E034 (9/01)