

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02

FILED

1052

DOCUMENT # F01000002168

1. Entity Name

Torvan Tenant, Inc.

02 JUL 29 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 W. Madison

3. Mailing Address
200 W. Madison

Suite, Apt. #, etc.
41st Floor

Suite, Apt. #, etc.
41st Floor

City & State
Chicago, IL

City & State
Chicago, IL

4. FEI Number
36-4048180

Applied For
Not Applicable

Zip
60606

Country
USA

Zip
60606

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City **Tallahassee** **FL** Zip Code **32301**

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 re-stating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Pritzker, Thomas J. 200 W. Madison Chicago, IL 60606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900006726849--1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST Handelsman, Harold S. 200 W. Madison Chicago, IL 60606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Borg, Frank 200 W. Madison Chicago, IL 60606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **Harold S. Handelsman, VP, Secy. & Treasurer**

7/25/02

312-750-8162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)

attachment

2082

F01000000168



ACCOUNT NO. : 072100000032

REFERENCE : 680455 4322610

AUTHORIZATION :

COST LIMIT :

\$ 550.00

Patricia Pignatelli

ORDER DATE : July 26, 2002

ORDER TIME : 10:56 AM

ORDER NO. : 680455-060

CUSTOMER NO: 4322610

CUSTOMER: Ms. Charmaine R. Black
Hyatt Hotels Corporation
200 West Madison Street

Chicago, IL 60606

ANNUAL REPORT FILING

NAME: TORVAN TENANT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____

RECEIVED
02 JUL 29 AM 11:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA