

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000178

1. Entity Name

RESIDENTIAL EQUITIES, LTD., CORPORATION

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90004 038 \*\*\*558.75

Principal Place of Business

875 N. MICHIGAN, SUITE 3335  
CHICAGO IL 60611  
US

Mailing Address

875 N. MICHIGAN, SUITE 3335 -  
CHICAGO IL 60611  
US

2. Principal Place of Business

150 North Wacker Drive

3. Mailing Address

150 North Wacker Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1800

1800

City & State

City & State

Chicago, IL

Chicago, IL

4. FEI Number

36-3045806

Applied For

Not Applicable

Zip

60606

Country

Cook

Zip

60606

Country

Cook

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

N/A

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 \$550.00**  
**After SEPTEMBER-13, 2000 Min. will be \$750.00**  
**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

TITLE PVST  
NAME MORRIS, PETER  
STREET ADDRESS 875 N. MICHIGAN, SUITE 3335  
CITY-ST-ZIP CHICAGO IL 60611

☐ Delete

TITLE D  
NAME MORRIS, PETER  
STREET ADDRESS 875 N. MICHIGAN, SUITE 3335  
CITY-ST-ZIP CHICAGO IL 60611

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST  
NAME MORRIS, PETER  
STREET ADDRESS 150 N. Wacker Drive, SU 1800  
CITY-ST-ZIP CHICAGO, IL 60606

☐ Change ☐ Addition

TITLE D  
NAME MORRIS, PETER  
STREET ADDRESS 150 N. WACKER DRIVE, SU 1800  
CITY-ST-ZIP CHICAGO, IL 60606

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

**SIGNATURE REQUIRED**

Peter Morris

August 7, 2000

312-704-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)