

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001053

1. Entity Name

MANUFACTURED HOME COMMUNITIES, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90010 003 \*\*\*150.00

Principal Place of Business

Mailing Address

2 NORTH RIVERSIDE PLAZA  
CHICAGO IL 60606

2 NORTH RIVERSIDE PLAZA  
CHICAGO IL 60606-2600

2. Principal Place of Business

c/o Jennifer Usher

3. Mailing Address

c/o Jennifer Usher

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3857664

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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, 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HELFAND, DAVID  
CITY-ST-ZIP TWO NORTH RIVERSIDE PLAZA  
CHICAGO IL

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS KELLEHER, ELLEN  
CITY-ST-ZIP TWO NORTH RIVERSIDE PLAZA  
CHICAGO IL

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS OBUCHOWSKI, SUSAN  
CITY-ST-ZIP 2 N. RIVERSIDE PLAZA  
CHICAGO IL

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

TITLE ☐ Delete  
NAME VT  
STREET ADDRESS HENEGHAN, THOMAS P.  
CITY-ST-ZIP TWO NORTH RIVERSIDE PLAZA  
CHICAGO IL

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

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS ZELL, SAMUEL  
CITY-ST-ZIP 2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS HOWARD WALKER  
CITY-ST-ZIP TWO N RIVERSIDE PLAZA  
CHICAGO IL 60606

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 reports 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:

Susan Obuchowski, Secretary 04/14/00 312/466-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)