

# 2001 UNIFORM BUSINESS REPORT (UBR)

Pg 192

0567589

DOCUMENT # F93000003087

1. Entity Name

EQR-BRETON HAMMOCKS VISTAS, INC.

FILED

01 JAN 23 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 US	Mailing Address C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 US
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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	36-3907873	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	
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY RD. TALLAHASSEE FL 32311	

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P STONEBRAKER, KELLY 203 N. LASALLE, SUITE 1800 CHICAGO IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP NESTI, PARTICIA 2 N. RIVERSIDE PLAZA CHICAGO IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
T GREENBERG, ARTHUR 2 N. RIVERSIDE PLAZA CHICAGO IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D HERMANN, WILLIAM 203 N. LASALLE, SUITE 1800 CHICAGO IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
AS TOMILLO, KARYN TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S HERMANN, WILLIAM 203 N. LASALLE, SUITE 1800 CHICAGO IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Patthi Nesti, VP 1/15/01 312-474-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

## ACCOUNT FILING COVER SHEET

D8292

ACCOUNT NUMBER: FCA000000005REFERENCE:  
(Sub Account)2026736-12

DATE:

1-23

REQUESTOR NAME:

Lexis Document Services

ADDRESS:

TELEPHONE:

( ) ( - ) ext ( )

CONTACT NAME:

CORPORATION NAME:

F93-3087DOCUMENT NUMBER:  
(if applicable)

AUTHORIZATION:

C. Woodward  
Cynthia J. Woodward

DIVISION OF CONFORMATION

01 JAN 23 PM 12:10

RECEIVED

☐ CERTIFIED COPY (1-9)  
☐ CERTIFICATE OF STATUS (1-9)  
☒ PLAIN STAMPED COPY

( ) Call When Ready  
( ) Walk In  
( ) Mail Out

( ) Call if Problem  
( ) Will Wait

( ) After 4:30  
( ) Pick Up