

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004478

1. Entity Name

GATORLAND VISTAS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90004 025 ***150.00

Principal Place of Business

Mailing Address

C/O ANN-M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606

C/O ANN-M. SCHNEIDER
2 N. 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

4. FEI Number

36-3907183

Applied For

Not Applicable

Zip

Country

Zip

Country

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	DV	<input checked="" type="checkbox"/> Delete
NAME	STONEBRAKER, KELLY	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PHIPPS, JAMES M	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	GREENBERG, ARTHUR A	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	KOSFELD, MARLENE C	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, ANN M	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LIEBENTRITT, DONALD J	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	

TITLE	DVP-T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Obuchowski, Susan	
STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pultorek, Judy	
STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	D-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenberg, Arthur A.	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schultz, Jenny	
STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	AVP-S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Usher, Jennifer	
STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Usher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Usher, Secretary

4/12/00

312/279-1436

Date

Daytime Phone #

CR2E034 (9/99)