

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90020 032 ***150.00

DOCUMENT # F93000004478

1. Entity Name
GATORLAND VISTAS, INC.

Principal Place of Business C/O JENNIFER USHER TWO NORTH RIVERSIDE PLAZA, STE 800 CHICAGO IL 60606	Mailing Address C/O JENNIFER USHER TWO NORTH RIVERSIDE PLAZA, STE 800 CHICAGO IL 60606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-3907183		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OBUCHOWSKI, SUSAN			NAME			
STREET ADDRESS	2 N RIVERSIDE PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PULTORAK, JUDY			NAME			
STREET ADDRESS	2 N RIVERSIDE PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR A			NAME			
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	AVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULTZ, GENEVIEVE			NAME			
STREET ADDRESS	2 N RIVERSIDE PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	AVPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	USHER, JENNIFER			NAME			
STREET ADDRESS	2 N RIVERSIDE PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 L. Usher* **Jennifer L. Usher, Secretary** 01/16/02 312/279-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)