

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000000272**

1. Entity Name

MHC-BAY INDIES VISTAS, INC.**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90037 047 ***150.00

Principal Place of Business

Mailing Address

**C/O JENNIFER USHER
2 NORTH RIVERSIDE PLAZA SUITE 800
CHICAGO IL 60606****C/O JENNIFER USHER
2 NORTH RIVERSIDE PLAZA SUITE 800
CHICAGO IL 60606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3931212**

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

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------------|--|---|
| DVPT OBUCHOWSKI, SUSAN 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 | <input type="checkbox"/> | | |
| DP GREENBERG, ARTHUR A 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 | <input type="checkbox"/> | | |
| D PULTOREK, JUDY 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 | <input type="checkbox"/> | | |
| AVP SCHULTZ, JENNY 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 | <input type="checkbox"/> | | |
| AVPS USHER, JENNIFER 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Usher/Secretary

Date

Daytime Phone #

01/05/01 312/279-1400

CR2E034 (10/00)