

# 2001 UNIFORM BUSINESS REPORT (UBR)

PS192

DOCUMENT # F94000002195

1. Entity Name

EQR-PINE HARBOUR VISTAS, INC.

FILED

01 JAN 23 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O L. CURRIE  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606  
US

C/O L. CURRIE  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-3953032

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 RD.  
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 P ☐ Delete  
NAME STONEBRAKER, KELLY  
STREET ADDRESS 203 N. LASALLE, SUITE 1800  
CITY-ST-ZIP CHICAGO IL

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

TITLE VP ☐ Delete  
NAME NESTI, PATRICIA  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL

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

TITLE T ☐ Delete  
NAME GREENBERG, ARTHUR  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL

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

TITLE D ☐ Delete  
NAME HERMANN, WILLIAM  
STREET ADDRESS 203 N. LASALLE, SUITE 1800  
CITY-ST-ZIP CHICAGO IL

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

TITLE AS ☐ Delete  
NAME TOMILLO, KARYN  
STREET ADDRESS TWO N. RIVERSIDE PLAZA, SUITE 400  
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE S ☐ Delete  
NAME HERMANN, WILLIAM  
STREET ADDRESS 203 N. LASALLE, SUITE 1800  
CITY-ST-ZIP CHICAGO IL

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 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

Date

Daytime Phone #

Patti Nesti VP 1/15/01 312-474-1300

CR2E034 (10/00)

## ACCOUNT FILING COVER SHEET

Pg 292

ACCOUNT NUMBER: FCA0000000005REFERENCE:  
(Sub Account)2026736-11

DATE:

1-23REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE:

( ) ( ) ext ( )

CONTACT NAME:

CORPORATION NAME:

FCA-2195DOCUMENT NUMBER:  
(if applicable)

AUTHORIZATION:

C. Woodward  
Cynthia J. Woodward

DIVISION OF CONFESSION

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