

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1/2003-90045-024-\$150.00-\$150.00

DOCUMENT # F94000002869

1. Entity Name
EQR-SAWGRASS COVE VISTAS, INC.



Principal Place of Business
C/O L. CURRIE
2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

Mailing Address
C/O L. CURRIE
2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

FILED

03 APR 18 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 39-3693420

Applied For
Not Applicable

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 CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd
City Plantation FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
Signature typed or printed name of registered agent and title if applicable.

Christine M. Eastwind
Assistant Secretary

4/16/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME NEITHERCUT, DAVID
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

TITLE V ☐ Delete
NAME DUWE, YASMINA
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE AS ☐ Delete
NAME CURRIE, LISA
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE S ☐ Delete
NAME STROHM, BRUCE
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition
NAME AS BARBARA SHUMAN
STREET ADDRESS Two N. Riverside Plaza
CITY-ST-ZIP Chgo, IL 60606

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRE Barbara Shuman

2/24/02 - 2/25/02

CR2E034 (10/02)