

# 2000 UNIFORM BUSINESS REPORT (UBR)

0552384

DOCUMENT # F94000003142

1. Entity Name

USC BRANDON, INC.

FILED

00 FEB -4 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

900 NORTH MICHIGAN AVENUE  
CHICAGO IL 60611-1575

900 NORTH MICHIGAN AVENUE  
CHICAGO IL 60611-1542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-3959335

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 AS  
NAME SCHWARTZ, KIM ☐ Delete  
STREET ADDRESS 900 NORTH MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition  
NAME 8000003141308--3  
STREET ADDRESS -02/21/00--01092--005  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE EVP  
NAME CZECH, JAMES L ☒ Delete  
STREET ADDRESS 900 NORTH MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO IL

TITLE DP  
NAME Matthew S. Dominick  
STREET ADDRESS 900 N. Michigan Ave.  
CITY-ST-ZIP Chicago, IL 60611

TITLE SVPS  
NAME HILBORN, MICHAEL ☐ Delete  
STREET ADDRESS 900 NORTH MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO IL

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

TITLE TEVP  
NAME METZ, ADAM ☐ Delete  
STREET ADDRESS 900 NORTH MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO IL

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

TITLE D  
NAME BLUHM, NEIL G ☐ Delete  
STREET ADDRESS 900 NORTH MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO IL

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

TITLE D  
NAME MALKIN, JUDD D ☐ Delete  
STREET ADDRESS 900 NORTH MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO IL

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

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:

Kim Schwartz, Asst. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

Date

(312) 915-1931

Daytime Phone #

CR2E034 (9/99)