

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004507

1. Entity Name

ARVIDA/JACKSONVILLE CONTRACTORS, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90062 017 \*\*\*150.00

Principal Place of Business  
900 NORTH MICHIGAN AVENUE  
CHICAGO IL 60611-1575

Mailing Address  
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

4. FEI Number 65-0622570

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

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 D  
NAME NICKELE, GARY  
STREET ADDRESS 900 N. MICHIGAN AVE.  
CITY-ST-ZIP CHICAGO IL 60611 ☐ Delete

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

TITLE P  
NAME MOTTA, JAMES D  
STREET ADDRESS 7900 GLADES ROAD  
CITY-ST-ZIP BOCA RATON FL 33429 ☐ Delete

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

TITLE VT  
NAME LOVELETTE, STEPHEN A  
STREET ADDRESS 900 N. MICHIGAN AVE  
CITY-ST-ZIP CHICAGO IL 60611 ☐ Delete

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

TITLE S  
NAME NIELSEN, PAUL C.  
STREET ADDRESS 900 N. MICHIGAN AVE.  
CITY-ST-ZIP CHICAGO IL ☐ Delete

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

TITLE VP  
NAME LESSMAN, MARK D  
STREET ADDRESS 7900 GLADES RD  
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

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

TITLE T  
NAME KOGAN, HOWARD  
STREET ADDRESS 900 N. MICHIGAN AVE  
CITY-ST-ZIP CHICAGO IL 60611 ☒ Delete

TITLE T  
NAME Gluskin, Jeffrey  
STREET ADDRESS 900 N. Michigan Ave.  
CITY-ST-ZIP Chicago, IL 60611 ☒ Change ☐ Addition

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: *Karen M. O'Mahoney* Karen M. O'Mahoney 04/11/00 (312) 915-1969  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #