

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90124 049 \*\*\*150.00

DOCUMENT # F95000084507

1. Entity Name:

ARVIDA/JACKSONVILLE CONTRACTORS, INC.

050102

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
900 North Michigan Avenue

3. Mailing Address  
900 North Michigan Avenue

Suite, Apt. #, etc.  
Suite 900

Suite, Apt. #, etc.  
Suite 900

DO NOT WRITE IN THIS SPACE

City & State  
Chicago, Illinois

City & State  
Chicago, Illinois

4. Fed Number  
65-0622570

Applicable  
Not Applicable

Zip  
60611

Country  
USA

Zip  
60611

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

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

SIGNATURE

Signature of person or persons of registered agent and officer (if applicable)

(NOTE: Registered Agent signature required when filing)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
NAME  
Director  
Gary Nickle  
STREET ADDRESS  
900 North Michigan Avenue  
CITY-STATE-ZIP  
Chicago, Illinois 60611

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
President  
James D. Motta  
STREET ADDRESS  
7900 Glades Road  
CITY-STATE-ZIP  
Boca Raton, Florida 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
Vice President  
Stephen A. Lovelette  
STREET ADDRESS  
900 North Michigan Avenue  
CITY-STATE-ZIP  
Chicago, Illinois 60611

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
Secretary  
Paul C. Nielsen  
STREET ADDRESS  
900 North Michigan Avenue  
CITY-STATE-ZIP  
Chicago, Illinois 60611

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
Assistant Secretary  
Karen M. Ewing  
STREET ADDRESS  
900 North Michigan Avenue  
CITY-STATE-ZIP  
Chicago, Illinois 60611

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen M. Ewing*

Asst. Secretary 03/25/02 (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)