

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000005697**

1. Entity Name

ARVIDA/RIVER HILLS CONTRACTORS, INC.

Principal Place of Business

**900 N. MICHIGAN AVE.
CHICAGO IL 60611**

Mailing Address

**900 N. MICHIGAN AVE.
CHICAGO IL 60611-1542**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MOTTA, JAMES D	7900 GLADES ROAD, SUITE 200	BOCA RATON FL 33434	

VT	LOVELETTE, STEPHEN A	900 N. MICHIGAN AVE.	CHICAGO IL 60611	<input type="checkbox"/> Delete
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S	NIELSEN, PAUL C.	900 N. MICHIGAN AVE.	CHICAGO IL	<input type="checkbox"/> Delete
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D	NICKELE, GARY	900 N. MICHIGAN AVE.	CHICAGO IL 60611	<input type="checkbox"/> Delete
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P	MOTTA, JAMES D	7900 GLADES RD	BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
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T	HOWARD, KOGEN	900 N. MICHIGAN AVE	CHICAGO IL 60611	<input checked="" type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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AS	O'Mahoney, Karen M.	900 N. Michigan Ave.	Chicago, IL 60611	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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T	Gluskin, Jeffrey	900 N. Michigan Ave.	Chicago, IL 60611	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 #

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

04-22-2000 90062 045 ***150.00



DO NOT WRITE IN THIS SPACE