

# 2000 UNIFORM BUSINESS REPORT (UBR)

065201

DOCUMENT # F95000006222

1. Entity Name

MERRY LAND APARTMENT COMMUNITIES, INC.

Principal Place of Business

TWO N. RIVERSIDE PLAZA  
ATT: LISA CURRIE  
CHICAGO IL 60606

Mailing Address

TWO N. RIVERSIDE PLAZA  
ATT: LISA CURRIE  
CHICAGO IL 60606-2600

APPROVED  
AND  
FILED

00 FEB 11 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

58-2180965

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 ROAD  
TALLAHASSEE FL 32311

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 V ☐ Delete  
NAME MATZ, JANE  
STREET ADDRESS TWO N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE PD ☐ Delete  
NAME CROCKER, DOUGLAS II  
STREET ADDRESS TWO N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE S ☐ Delete  
NAME CURRIE, LISA  
STREET ADDRESS TWO N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE T ☐ Delete  
NAME SPECTOR, GERALD A  
STREET ADDRESS TWO N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

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

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

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

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

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

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:

*Lisa Currie* LISA CURRIE Sec. 2/9/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

312-474-1300

CR2E034 (9/99)

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 20 61176-7  
(Sub Account)

DATE: 2-11-00

REQUESTOR NAME: LEXIS

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: F95-6222

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: C. Woodlyard

☐ CERTIFIED COPY (1-9)  
☐ CERTIFICATE OF STATUS (1-9)  
☒ PLAIN STAMPED COPY

☒ Call When Ready      ( ) Call if Problem      ( ) After 4:30  
☒ Walk In              ( ) Will Wait              ( ) Pick Up  
( ) Mail Out

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 FEB 11 AM 11:00

RECEIVED

