

2001 UNIFORM BUSINESS REPORT (UBR)

pg 192

0667639

DOCUMENT # F95000006222

1. Entity Name

MERRY LAND APARTMENT COMMUNITIES, INC.

FILED

01 JAN 23 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	V MATZ, JANE TWO N. RIVERSIDE PLAZA CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROCKER, DOUGLAS II TWO N. RIVERSIDE PLAZA CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRIE, LISA TWO N. RIVERSIDE PLAZA CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPECTOR, GERALD A TWO N. RIVERSIDE PLAZA CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DUNCK, SHELLEY L TWO N. RIVERSIDE PLAZA CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEITHERCUT, DAVID TWO N. RIVERSIDE PLAZA CHICAGO IL 60606	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100003567801--9

SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

ACCOUNT FILING COVER SHEET

Pg 292

ACCOUNT NUMBER: FCA000000005REFERENCE:
(Sub Account)20 26734 -10

DATE:

1-23

REQUESTOR NAME:

Lexis Document Services

ADDRESS:

TELEPHONE:

() (-) ext ()

CONTACT NAME:

CORPORATION NAME:

F95-6222DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard
Cynthia J. WoodyardRECEIVED
01 JAN 23 PM 12:11
DIVISION OF CORPORATION

— CERTIFIED COPY (1-9)

☒ CERTIFICATE OF STATUS (1-9)☒ PLAIN STAMPED COPY☐ Call When Ready
☐ Walk In
☐ Mail Out☐ Call if Problem
☐ Will Wait☐ After 4:30
☐ Pick Up