

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90320 003 \*\*\*150.00

**DOCUMENT # F97000003061**

1. Entity Name  
**CORAL HARBOR APARTMENTS, INC.**

Principal Place of Business      Mailing Address  
**101 CALIFORNIA STREET, 26TH FLOOR**      **101 CALIFORNIA STREET, 26TH FLOOR**  
**SAN FRANCISCO CA 94111-5853**      **SAN FRANCISCO CA 94111-5853**

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 **94-3272410**      Applied For  
 Not Applicable

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

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 \_\_\_\_\_ (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, 2002 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 **PD** ☐ Delete  
 NAME **STEPPE, STEPHEN M**  
 STREET ADDRESS **101 CALIFORNIA STREET, 26TH FLOOR**  
 CITY-ST-ZIP **SAN FRANCISCO CA 94111-5853**

TITLE **TS** ☐ Delete  
 NAME **FERKULL, PAULA A**  
 STREET ADDRESS **875 NORTH MICHIGAN AVENUE, 41ST FLOOR**  
 CITY-ST-ZIP **CHICAGO IL 60611-1901**

TITLE **V** ☐ Delete  
 NAME **KING, DONALD A JR**  
 STREET ADDRESS **875 N MICHIGAN AVE, 41ST FLOOR**  
 CITY-ST-ZIP **CHICAGO IL 60611-1901**

TITLE **V** ☒ Delete  
 NAME **KING, JAMES**  
 STREET ADDRESS **875 N. MICHIGAN AVE., 41ST FL.**  
 CITY-ST-ZIP **CHICAGO IL 60611-1901**

TITLE **V** ☒ Delete  
 NAME **HANRAHAN, ROBERT V**  
 STREET ADDRESS **150 SOUTH WACKER DRIVE, SUITE 3030**  
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **Vice President**  
 STREET ADDRESS **Gary T. Kachadurian**  
 CITY-ST-ZIP **875 North Michigan Avenue, 41st Floor Chicago, Illinois 60611-1901**

TITLE ☐ Change ☒ Addition  
 NAME **Vice President**  
 STREET ADDRESS **Robert J. Cook**  
 CITY-ST-ZIP **875 N. Michigan Ave., 41st Fl Chicago, IL 60611-1901**

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: Paula M. Ferkull **REQUIRED** Paula M. Ferkull, Treas/Secty 04-12-02 312-266-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9300

CR2E034 (9/01)