

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002891

1. Entity Name

QRS GOLD MEDAL COMMUNITIES, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90017 032 \*\*\*150.00

Principal Place of Business

Mailing Address

~~% ANN M. SCHNEIDER~~  
2 N. RIVERSIDE PLAZA. STE. 400  
CHICAGO IL 60606

~~% ANN M. SCHNEIDER~~  
2 N. RIVERSIDE PLAZA. STE. 400  
CHICAGO IL 60606-2603

2. Principal Place of Business

c/o Jennifer Usher

3. Mailing Address

c/o Jennifer Usher

Suite, Apt. #, etc.

800

Suite, Apt. #, etc.

800

City & State

City & State

4. FEI Number

36-4237512

Applied For

Not Applicable

Zip

Country

Zip

Country

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 W.W. KELLEY RD.  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DEVT  
HENEGHAN, THOMAS P JR.  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVAS  
KELLEHER, ELLEN  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
WALKER, HOWARD  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
ZELL, SAMUEL  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
FELL, DAVID  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
NADER, MARGUERITE  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606 ☐ Delete

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

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: *By David J. Fell* David Fell, VS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00  
Date

312/279-1400  
Daytime Phone #

CR2E034 (9/99)