

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90556 001 ***150.00

DOCUMENT # F98000004241

1. Entity Name

USC CITRUS, INC.

Principal Place of Business

900 N. MICHIGAN AVE., STE 1900
CHICAGO IL 60611

Mailing Address

900 N. MICHIGAN AVE., STE 1900
CHICAGO IL 60611

626850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-4060444

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

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

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 D
NAME BLUM, NEIL G
STREET ADDRESS 900 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL ☒ Delete

TITLE Gerald Egan DVP
NAME 900 N. Michigan Ave.
STREET ADDRESS Chicago, IL 60611
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE EVT
NAME METZ, ADAM
STREET ADDRESS 900 N. MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE Vice President
NAME Adam Metz
STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP Chicago, IL 60611 ☒ Change ☐ Addition

TITLE CDP
NAME DOMINSKI, MATTHEW S
STREET ADDRESS 900 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE Director and President
NAME Matthew S. Dominski
STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP Chicago, IL 60611 ☒ Change ☐ Addition

TITLE CFO
NAME METZ, ADAM
STREET ADDRESS 900 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL ☒ Delete

TITLE D
NAME Timothy Koste
STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP Chicago IL 60611 ☐ Change ☒ Addition

TITLE AS
NAME SCHWARTZ, KIMBERLY
STREET ADDRESS 900 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE DVD
NAME Lee H. Lutenboer
STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP Chicago IL 60611 ☐ Change ☒ Addition

TITLE V
NAME TAYLOR, LABONNEY
STREET ADDRESS 900 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE DVP
NAME Daniel Weaver
STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP Chicago IL 60611 ☐ 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:

Kim Schwartz Kim Schwartz Asst Sec. 2/14/01 312 915-1931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)