

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000004716**1. Entity Name
CAESAR CORP.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90153 032 ***150.00

Principal Place of Business

**222 S RIVERSIDE PLAZA
SUITE 1450
CHICAGO IL 60606**

Mailing Address

**222 S RIVERSIDE PLAZA
SUITE 1450
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

36-4316026

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

8. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTCD
KORZEN, BRADFORD
5750 WILSHIRE BLVD., SUITE 610
LOS ANGELES CA 90036** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
ELOWE, JEFFREY S
500 WEST MADISON STREET, SUITE 2980
CHICAGO IL 60661** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
BERGER, STEPHEN L
2 NORTH LASALLE STREET, 21ST FLOOR
CHICAGO IL 60602** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AV
BURJEK, EDWARD F
500 WEST MADISON STREET, SUITE 2980
CHICAGO IL 60661** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

3. 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

2/1/02

Daytime Phone #

312 669-1200