

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90124 048 ***150.00

DOCUMENT # J83710

1. Entity Name:

ARVIDA MANAGERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 North Michigan Avenue

Suite, Apt. #, etc.

Suite 900

City & State

Chicago, Illinois

Zip

60611

Country

USA

3. Mailing Address

900 North Michigan Avenue

Suite, Apt. #, etc.

Suite 900

City & State

Chicago, Illinois 60611

Zip

60611

Country

USA

4. FEI Number

65-0011781

Applicable

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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 state if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

**Director
Gary Nickle
900 North Michigan Avenue
Chicago, Illinois 60611**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**President
James D. Motta
7900 Glades Road
Boca Raton, Florida 33434**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**Treasurer
Stephen A. Lovelette
900 North Michigan Avenue
Chicago, Illinois 60611**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**Secretary
Paul C. Nielsen
900 North Michigan Avenue
Chicago, Illinois 60611**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**Assistant Secretary
Karen M. Ewing
900 North Michigan Avenue
Chicago, Illinois 60611**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen M. Ewing

Asst. Secretary

03/25/02

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)