

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90097 006 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P29128**

1. Entity Name  
**ARVIDA/JMB MANAGERS, INC.**



Principal Place of Business  
**900 NORTH MICHIGAN AVENUE  
CHICAGO, IL 60611**

Mailing Address  
**900 NORTH MICHIGAN AVENUE  
SUITE 1200  
CHICAGO, IL 60611 US**

2. Principal Place of Business  
**900 N. Michigan Avenue**

Suite, Apt. #, etc.  
**Suite 1400**

City & State  
**Chicago, Illinois**

Zip Country  
**60611 USA**

3. Mailing Address  
**900 N. Michigan Avenue**

Suite, Apt. #, etc.  
**Suite 1400**

City & State  
**Chicago, Illinois**

Zip Country  
**60611 USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**36-3506940**

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

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee Will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME ☐ Delete  
**P BLUHM, NEIL G.**  
STREET ADDRESS **900 N. MICHIGAN AVE.**  
CITY-ST-ZIP **CHICAGO, IL**

TITLE NAME ☐ Delete  
**D MALKIN, JUDD D**  
STREET ADDRESS **900 N. MICHIGAN AVE.**  
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE NAME ☐ Delete  
**D NICKELE, GARY**  
STREET ADDRESS **900 N. MICHIGAN AVE**  
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE NAME ☒ Delete  
**T GLUSKIN, JEFFREY A**  
STREET ADDRESS **900 NORTH MICHIGAN AVE.**  
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE NAME ☐ Delete  
**AS O'MAHONEY, KAREN M**  
STREET ADDRESS **900 N. MICHIGAN AVE**  
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen M. Ewing*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen M. Ewing

04/14/03

(312) 915-1969

Date

Daytime Phone #

CR2E034 (10/02)