

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39372

1. Entity Name

CLASSIC RESIDENCE MANAGEMENT, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90001 029 \*\*\*150.00

Principal Place of Business

Mailing Address

WEST MADISON

200 WEST MADISON

#3700

CHICAGO IL 60606-3414

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

36-3572408

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST. SUITE 105  
TALLAHASSEE FL 32301

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

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | CD <input type="checkbox"/> Delete           | TITLE   | Chairperson and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | PRITZKER, PENNY                              | NAME  | Pritzker, Penny   |
| STREET ADDRESS             | 200 W. MADISON                               | STREET ADDRESS  | 200 West Madison, Suite 3700  |
| CITY-ST-ZIP                | CHICAGO IL 60606                             | CITY-ST-ZIP   | Chicago, IL 60606   |
| TITLE                      | EVD <input type="checkbox"/> Delete          | TITLE   | Vice Chairman and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | POORMAN, JOHN KEVIN                          | NAME  | Poorman, John Kevin   |
| STREET ADDRESS             | 200 W. MADISON                               | STREET ADDRESS  | 200 West Madison, Suite 3700  |
| CITY-ST-ZIP                | CHICAGO IL 60606                             | CITY-ST-ZIP   | Chicago, IL 60606   |
| TITLE                      | VS <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       | HANDELSMAN, HAROLD S.                        | NAME  |   |
| STREET ADDRESS             | 200 W. MADISON                               | STREET ADDRESS  |   |
| CITY-ST-ZIP                | CHICAGO IL                                   | CITY-ST-ZIP   |   |
| TITLE                      | P <input checked="" type="checkbox"/> Delete | TITLE   | Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| NAME                       | LEHMAN, DENNIS                               | NAME  | Phillips, Matthew   |
| STREET ADDRESS             | 200 W MADISON                                | STREET ADDRESS  | 200 West Madison, Suite 3700  |
| CITY-ST-ZIP                | CHICAGO IL 60606                             | CITY-ST-ZIP   | Chicago, IL 60606   |
| TITLE                      | VT <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       | MUHLBACH, PETER                              | NAME  |   |
| STREET ADDRESS             | 200 W MADISON                                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | CHICAGO IL 60606                             | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       | PRITZKER, NICHOLAS J.                        | NAME  |   |
| STREET ADDRESS             | 200 W. MADISON                               | STREET ADDRESS  |   |
| CITY-ST-ZIP                | CHICAGO IL                                   | CITY-ST-ZIP   |   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)