

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000024054

1. Entity Name  
FISHER ISLAND REALTY SALES, INC.

FILED  
00 MAR 28 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
N. MICHIGAN AVE., SUITE 3900 CHICAGO IL 60611 60611  
676 N. MICHIGAN AVE., SUITE 3900 CHICAGO IL 60611 2896



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
1 Fisher Island Drive 1 Fisher Island Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
MIAMI, FL. MIAMI, FL.

4. FEI Number  Applied For  
Not Applicable

Zip Country Zip Country  
33109-0001 U.S.A. 33109-0001 U.S.A.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVENUE, 28TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	D <input type="checkbox"/> Delete
NAME	MELK, JOHN
STREET ADDRESS	676 N. MICHIGAN AVE., SUITE 3900
CITY-ST-ZIP	CHICAGO IL 60601
TITLE	D <input type="checkbox"/> Delete
NAME	MCLEAN, DANIEL E
STREET ADDRESS	455 E. ILLINOIS, SUITE 565
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	D <input type="checkbox"/> Delete
NAME	MELK, DAN
STREET ADDRESS	1211 E. LAS OLAS BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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-04/20/00--01078--005  
\*\*\*\*200.00  \*\*\*\*150.00

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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: ERNESTO J. GONZALEZ CFO 3/20/00 305-535-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #