

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91265 001 \*\*\*333.75

0087866

**DOCUMENT #** N47396

**1. Entity Name**

MACARTHUR HOLDING B, INC.

**Principal Place of Business**

**Mailing Address**

C/O JOHN D & CATHERINE T MACARTHUR FOUND.  
 140 S. DEARBORN 13<sup>TH</sup> FLOOR  
 CHICAGO, IL 60603

4400 PGA BLVD  
 SUITE 1000  
 PALM BEACH GARDENS FL 33410  
 US

72564

**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**

NOT APPLICABLE

**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**

COHEN, STEVEN  
 625 N. FLAGLER DRIVE  
 SUITE 700  
 WEST PALM BEACH FL 33401

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW:**  
**FEE IS \$61.25**

**9. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PD ☐ Delete  
**NAME** HUTTON, LYN  
**STREET ADDRESS** 140 SOUTH DEARBORN  
**CITY-ST-ZIP** CHICAGO IL 60603

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

**TITLE** VD ☐ Delete  
**NAME** MINTZ, JOSHUA J.  
**STREET ADDRESS** 140 SOUTH DEARBORN  
**CITY-ST-ZIP** CHICAGO IL 60603

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

**TITLE** S ☐ Delete  
**NAME** CHERNOFF, DAVID S.  
**STREET ADDRESS** 140 SOUTH DEARBORN  
**CITY-ST-ZIP** CHICAGO, IL 60603

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

**TITLE** TD ☐ Delete  
**NAME** YANCHURA, MARC  
**STREET ADDRESS** 140 SOUTH DEARBORN  
**CITY-ST-ZIP** CHICAGO IL 60603

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joshua J. Mintz

04/27/01

Date

(312) 726-8000

Daytime Phone #

CR2E037 (10/00)