## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # P29129** 1. Entity Name ARVIDA/JMB MANAGERS-II, INC. 04-22-2000 90062 019 \*\*\*150.00 Mailing Address Principal Place of Business 900 NORTH MICHIGAN AVENUE 900 NORTH MICHIGAN AVENUE CHICAGO IL 60611-1542 CHICAGO IL 60611 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-3554520 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. 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 PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change ☐ Delete TITLE BLUHM, NEIL G. NAME NAME 듯 4 STREET ADDRESS 900 N. MICHIGAN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Change ☐ Addition ☐ Delete TITLE LOVELETTE, STEPHEN A. NAME NAME 900 N. MICHIGAN AVE. STREFT ADDRESS STREET ADORESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NIELSON, PAUL C. NAME NAME 900 N. MICHIGAN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Defete TITLE Change Addition TITLE NICKELE, GARY NAME NAME 900 N. MICHIGAN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL Delete TITLE Change ☐ Addition TITLE HOWARD, KOGEN NAME NAME Gluskin, Jeffrey 900 N. MICHIGAN AVE STREET ADDRESS 900 N. Michigan Ave. Chicago, IL 60611 STREET ADDRESS CITY-ST-ZIP CJTY-ST-7JP CHICAGO IL 60611 Change ☐ Addition TITLE ☐ Delete TITLE O'MAHONEY, KAREN M NAME NAME STREET ADDRESS 900 N. MICHIGAN AVE

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

CITY-ST-ZIP

CHICAGO IL 60611

STREET ADDRESS

CITY-ST-ZIP

≝Karén M. O<u>'Mahoney</u>

04/11/00

Daytime Phone #