

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006293

1. Entity Name

HRE ORLANDO, INC.

Principal Place of Business

Mailing Address

950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326

950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326

2. Principal Place of Business

3. Mailing Address

900 N. Michigan Avenue →

Suite, Apt. #, etc.

Suite 1500 →

City & State

Chicago, IL →

City & State

Zip 60611

Country USA

Zip

Country

4. FEI Number

58-2609135

APPLIED FOR

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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, 2001 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

TITLE NAME CD  
STREET ADDRESS EAGAN, GERALD E  
CITY-ST-ZIP 950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326 ☐ Delete

TITLE NAME P  
STREET ADDRESS LETCHFORD, LEE M  
CITY-ST-ZIP 950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326 ☐ Delete

TITLE NAME VST  
STREET ADDRESS WEAVER, DANIEL S  
CITY-ST-ZIP 950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326 ☐ Delete

TITLE NAME V  
STREET ADDRESS KOSTER, TIM C  
CITY-ST-ZIP 950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326 ☐ Delete

TITLE NAME VAS  
STREET ADDRESS BAIR, SHARON E  
CITY-ST-ZIP 950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326 ☐ Delete

TITLE NAME V  
STREET ADDRESS HEYSE, THOMAS F  
CITY-ST-ZIP 950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326 ☐ Delete

TITLE NAME Change Address for ALL  
STREET ADDRESS officers to the address  
CITY-ST-ZIP provided above. ☒ Change ☐ Addition

TITLE NAME 600003819445--4  
STREET ADDRESS -03/08/01--01104--001  
CITY-ST-ZIP \*\*\*1276.25--\*\*\*158.00 ☒ Change ☐ Addition

TITLE NAME LS  
STREET ADDRESS ☒ Change ☐ Addition

TITLE NAME ☒ Change ☐ Addition

TITLE NAME ☒ Change ☐ Addition

TITLE NAME ☒ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

Daniel S. Weaver 2/20/01 (312) 915-1470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
01 JUN -1 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)