

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90502 007 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000001380

1. Entity Name

HT-Orlando, Inc.



DO NOT WRITE IN THIS SPACE

70045094

2. Principal Place of Business

200 W. Madison

Suite, Apt. #, etc.

41st Floor

City & State

Chicago, IL

3. Mailing Address

200 W. Madison

Suite, Apt. #, etc.

41st Floor

City & State

Chicago, IL

Zip

60606

Country

USA

Zip

60606

Country

USA

4. FEI Number
37-1426173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

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

1201 Hays Street, Suite 105

City
Tallahassee

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~XXXXXX~~ P/D
NAME Doug Geoga
STREET ADDRESS 200 W. Madison
CITY-ST-ZIP Chicago, IL 60606

TITLE ~~XXXXXX~~ V/S/D
NAME Harold S. Handelsman
STREET ADDRESS 200 W. Madison
CITY-ST-ZIP Chicago, IL 60606

TITLE ~~XXXXXX~~ V/T
NAME Kirk Rose
STREET ADDRESS 200 W. Madison
CITY-ST-ZIP Chicago, IL 60606

TITLE ~~XXXXXX~~ V
NAME Christine Maki
STREET ADDRESS 200 W. Madison
CITY-ST-ZIP Chicago, IL 60606

TITLE ~~XXXXXX~~ V
NAME Barry Bloom
STREET ADDRESS 200 W. Madison
CITY-ST-ZIP Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold S. Handelsman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold S. Handelsman, VP & Secretary

4-21-03 312-750-1234
Date Daytime Phone #

CR2E034B (12/02)