

2001 UNIFORM BUSINESS REPORT (UBR)

0445542

DOCUMENT # F92000000453

1. Entity Name

HRE FLORIDA MALL, INC.

FILED

01 MAR -7 PM 3:41

Principal Place of Business

950 E. PACES FERRY ROAD, SUITE 2275
ATLANTA GA 30326

Mailing Address

950 E. PACES FERRY ROAD, SUITE 2275
ATLANTA GA 30326

[Handwritten Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 N. Michigan Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 1500

Suite, Apt. #, etc.

City & State

City & State

Chicago, IL

4. FEI Number

58-2020179

Applied For

Not Applicable

Zip

60611

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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

TITLE COB
NAME EGAN, GERALD E
STREET ADDRESS 950 E. PACES FERRY ROAD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

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

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

TITLE VD
NAME KOSTER, TIM
STREET ADDRESS 950 E. PACES FERRY ROAD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE AS
NAME SCHUTT, ANDREW J
STREET ADDRESS 950 E PACES FERRY RD STE 2275
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE VP
NAME HEYSE, THOMAS F
STREET ADDRESS 950 E. PACES FERRY RD., STE 2275
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Change Address for
STREET ADDRESS ALL Officers as indicated
CITY-ST-ZIP above. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 500003819455--6
CITY-ST-ZIP -03/08/01--01104--001
***1276.25 ***150.00 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS ☒ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR2E034 (10/00)