

2001 UNIFORM BUSINESS REPORT (UBR)

0445561

DOCUMENT # F96000006718

1. Entity Name

HRE COUNTRYSIDE, INC.

FILED

01 MAR -7 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

950 EAST PACES FERRY RD., SUITE 2275
ATLANTA GA 30326

Mailing Address

950 EAST PACES FERRY RD., SUITE 2275
ATLANTA GA 30326

2. Principal Place of Business

900 N. Michigan Avenue

3. Mailing Address

Suite, Apt. #, etc.
Suite 1500

Suite, Apt. #, etc.

City & State

Chicago, IL

City & State

Zip

60611

Country

USA

Zip

Country

4. FEI Number

58-2276535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
EGAN, GERALD
950 EAST PACES FERRY RD, SUITE 2275
ATLANTA GA 30326 ☐ Delete

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003819456-3
-03/08/01--01104--001
1276.25 **150.00 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ 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:

Daniel S. Weaver 2/20/01 (312) 915-1420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)