

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90059 022 \*\*\*150.00

**DOCUMENT # F98000004167**

1. Entity Name

**HALL APARTMENT ADVISORS, INC.**

Principal Place of Business

**6801 GAYLORD PARKWAY  
 SUITE 100  
 FRISCO TX 75034  
 US**

Mailing Address

**6801 GAYLORD PARKWAY  
 SUITE 100  
 FRISCO TX 75034  
 US**

2. Principal Place of Business

**6801 Gaylord Parkway  
 Suite, Apt. #, etc.  
 Suite 100**

3. Mailing Address

**6801 Gaylord Parkway  
 Suite, Apt. #, etc.  
 Suite 100**

City & State

**Frisco, TX 75034**

City & State

**Frisco, TX 75034**

4. FEI Number

**75-2627024**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 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, 2002 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	<b>P DEPKER, MARK 6801 GAYLORD PARKWAY, STE 100 FRISCO TX 75034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALL, CRAIG 6801 GAYLORD PARKWAY, STE 100 FRISCO TX 75034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPT BRAUN, DONALD L 6801 GAYLORD PARKWAY FRISCO TX 75034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS LEVEY, LARRY E 6801 GAYLORD PARKWAY, STE 100 FRISCO TX 75034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARRIS, MASTEN L 6801 GAYLORD PARKWAY, STE 100 FRISCO TX 75034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President Mike Jaynes 6801 Gaylord Parkway, Ste. 100 Frisco, TX 75034</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Karen Sucher 6801 Gaylord Parkway, Ste. 100 Frisco, TX 75034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Sandra L. Conley 6801 Gaylord Parkway, Ste. 100 Frisco, TX 75034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Deloris J. White 6801 Gaylord Parkway, Ste. 100 Frisco, TX 75034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice President and Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Daniel J. Wand 6801 Gaylord Parkway, Ste. 100 Frisco, TX 75034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Mark Depker, President**

**January 21, 2002 972-377-1100**

Date

Daytime Phone #

CR2E034 (9/01)