

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06487

1. Entity Name

HDR ENGINEERING, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90017 038 ***158.75

Principal Place of Business

2202 N. Westshore Blvd.

3000 N. Westshore Blvd.

300 Suite 250

TAMPA FL 33607-0000

US

Mailing Address

8404 INDIAN HILLS DRIVE

OMAHA NE 68114-4049

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

47-0680568

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

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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, 2000 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 PD
NAME BELL, RICHARD R.
STREET ADDRESS 12941 LAFAYETTE AVE.
CITY-ST-ZIP OMAHA NE ☐ Delete

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

TITLE DEVP
NAME JAMES H SUTTLE
STREET ADDRESS 3802 N 95TH ST
CITY-ST-ZIP OMAHA NE ☐ Delete

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

TITLE DSVP
NAME BLEEKER, GARY L
STREET ADDRESS 4816 118TH AVE NE
CITY-ST-ZIP KIRKLAND WA ☐ Delete

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

TITLE S
NAME PACHMAN, LOUIS J.
STREET ADDRESS 5008 CHICAGO STREET
CITY-ST-ZIP OMAHA NE ☐ Delete

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

TITLE T
NAME LACEY, WENDY L
STREET ADDRESS 6804 N. 106TH CIRCLE
CITY-ST-ZIP OMAHA NE 68122 ☐ Delete

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

TITLE DEVP
NAME HANEY, JAMES K.
STREET ADDRESS 6001 TRAVIS WOODS COVE
CITY-ST-ZIP AUSTIN TX 78734 ☐ Delete

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:

Wendy L. Lacey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Wendy L. Lacey
Treasurer

4/9/00
Date

(402) 399-1000
Daytime Phone #

CR2E034 (9/99)