

# 2001 UNIFORM BUSINESS REPORT (UBR)

0445537

DOCUMENT # P37620

1. Entity Name

HRE NASHLAND, INC.

FILED

01 MAR -7 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326

Mailing Address

950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326

2. Principal Place of Business

900 N. MICHIGAN AVENUE

3. Mailing Address

900 N. MICHIGAN AVENUE

Suite, Apt. #, etc.

SUITE 1500

Suite, Apt. #, etc.

SUITE 1500

City & State

CHICAGO, IL

City & State

CHICAGO, IL

Zip

60611

Country

USA

Zip

60611

Country

USA

4. FEI Number

58-1997453

Applied For

Not Applicable

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)

200003819452--6

-03/08/01-01104-001

\*\*\*1276.25 \*\*\*\*150.00

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 PD  
NAME LETCHFORD, LEE M  
STREET ADDRESS 950 E PACES FERRY RD  
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE VP  
NAME WEAVER, DANIEL S  
STREET ADDRESS 950 E PACES FERRY RD  
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE CB  
NAME EGAN, GERALD E  
STREET ADDRESS 950 E PACES FERRY RD STE-2275  
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

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

TITLE VPS  
NAME BAIR, SHARON E  
STREET ADDRESS 950 E PACES FERRY RD STE 2275  
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE AS  
NAME SCHUTT, ANDREW J  
STREET ADDRESS 1201 W PEACHTREE ST  
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Officers remain same, but ☒ Change ☐ Addition  
NAME addresses change to:  
STREET ADDRESS 900 N. Michigan Avenue, ste. 1500  
CITY-ST-ZIP Chicago, IL 60611

TITLE Address as above. ☐ Change ☐ Addition

TITLE Address as above. ☒ Change ☐ Addition

TITLE Address as above. ☐ Change ☐ Addition

TITLE Address as above. ☒ Change ☐ Addition

TITLE Address as above. ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

CR2E034 (10/00)