

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102211

1. Entity Name

HR COMPLY CORPORATION

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90034 002 ***550.00

Principal Place of Business

100 EXECUTIVE WAY, SUITE 110
PONTE VEDRA FL 32082

Mailing Address

100 EXECUTIVE WAY, SUITE 110
PONTE VEDRA FL 32082

2. Principal Place of Business

3. Mailing Address

5515 N. Cumberland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 815

City & State

City & State

Chicago IL

Zip

Country

Zip

Country

60656

4. FEI Number

59-3544678

Applied For

Not Applicable

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

GREWELL, BRUCE
100 EXECUTIVE WAY, SUITE 110
PONTE VEDRA FL 32082

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC
NAME JULIAN, DAVID H
STREET ADDRESS 580 WASHINGTON
CITY-ST-ZIP GLENCOE IL 60022

☐ Delete

TITLE DVP
NAME JULIAN, ROBERT S
STREET ADDRESS 812 OZK ST. #402
CITY-ST-ZIP WINNETKA IL 60093

☐ Delete

TITLE DP
NAME GREWELL, BRUCE
STREET ADDRESS 100 EXECUTIVE STE 110
CITY-ST-ZIP PONTE VERDE FL 32082

☐ Delete

TITLE D
NAME JULIAN, HEATHER
STREET ADDRESS 580 WASHINGTON
CITY-ST-ZIP GLENDE IL 60022

☐ Delete

TITLE S
NAME JULIAN, SUSAN
STREET ADDRESS 580 WASHINGTON
CITY-ST-ZIP GLENCOE IL 60-0022

☐ Delete

TITLE AS
NAME GAMBLE, CONSTANCE
STREET ADDRESS 100 EXECUTIVE WAY STE 110
CITY-ST-ZIP PONTE VERDE FL 32082

☐ Delete

TITLE AS
NAME GREGG W BLOCK
STREET ADDRESS 5515 N. Cumberland Ave Suite 815
CITY-ST-ZIP Chicago IL 60656

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)