

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91718 001 *1,050.00

DOCUMENT # H84515

1. Entity Name

HUNT, COOK, RIGGS, MEHR & MILLER, P.A.

Principal Place of Business

Mailing Address

**2200 CORPORATE BLVD NW
 SUITE 401
 BOCA RATON FL 33431**

**2200 CORPORATE BLVD NW
 SUITE 401
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2609938**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

73083



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HCRM CORP
 2200 CORPORATE BLVD NW
 SUITE 401
 BOCA RATON FL 33431**

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	V	<input type="checkbox"/> Delete
NAME	HUNT, ROBERT J.	
STREET ADDRESS	9 TAHOE LANE	
CITY-ST-ZIP	SEA RANCH LAKES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOK, JOSEPH R.	
STREET ADDRESS	7100 W CYPRESS HEAD DR	
CITY-ST-ZIP	PARKLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEHR, RYNA E.	
STREET ADDRESS	5701 NW 23RD AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, LAWRENCE J	
STREET ADDRESS	4177 WOODFIELD BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert J. Hunt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

561-997-9283

Daytime Phone #

CR2E034 (10/00)