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**CR2E034** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am S75271 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90031 049 \*\*\*150.00 HARCH CAPITAL MANAGEMENT, INC. Principal Place of Business ~ Mailing Address\_ ONE PARK PLACE ONE PARK PLACE 621 N.W. 53RD STREET. STE. 620 621 NW 53RD ST SUITE 620 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0287661 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEWITT, MICHAEL E. Street Address (P.O. Box Number is Not Acceptable) ONE PARK PLACE 621 N.W. 53RD STREET, STE. 620 **BOCA RATON FL 33487** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change ☐ Addition HARCH, JOSEPH W. NAME NAME ONE PARK PL., 621 N.W. 53RD ST., STE. 620 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-71P CITY-ST-ZIP TITLE COO ☐ Delete TITLE ☐ Change Addition LEWITT, MICHAEL E. NAME NAME ONE PARK PL., 621 N.W. 53RD ST., STE. 620 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-7IP CITY-ST-7IP TITLE **EVP** Delete TITLE Change ☐ Addition NAME HILL JEFFREY H NAME STREET ADDRESS STREET ADDRESS ONE PARK PL., 621 N.W. 53RD ST. S 620 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Delete EVP TITLE ☐ Change TITLE ☐ Addition DIDONATO, JAMES C NAME NAME ONE PARK PL., 621 N.W. 53RD ST. SUITE 620 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA RATON FL TITLE ☐ Delete TITLE Change ☐ Addition DIGENNARO, DANIEL NAME NAME STREET ADDRESS ONE PARK PL., 621 N.W. 53RD ST., SUITE 620 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP **EVP** TITLE TITLE Change ☐ Addition O'NEIL, JAMES NAME NAME ONE PARK PLACE, 621 NW 53RD ST, ST 620 STREET ADDRESS STREET ADDRESS CITY-ST-7/P **BOCA RATON FL 33487** CITY-ST-7IP 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 each; 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:

Daytime Phone #