

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90106 011 ***158.75

0627566 AT

DOCUMENT # 215248

1. Entity Name

WILLIAMS, HATFIELD & STONER, INC.

Principal Place of Business

**2101 NORTH ANDREWS AVENUS
 300
 FT LAUDERDALE FL 33311
 US**

Mailing Address

**670 NORTH ROSEMEAD BLVD.
 PASADENA CA 91107**

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

59-0844318

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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, 2002 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 **VD**
 NAME **EBERHART, JAMES F**
 STREET ADDRESS **2101 N ANDREWS AVE, STE 300**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

☐ Delete

TITLE **TS**
 NAME **GLERUM, DAN G**
 STREET ADDRESS **2101 N ANDREWS AVE, STE 300**
 CITY-ST-ZIP **FT LAUDERDALE FL**

☒ Delete

TITLE **V**
 NAME **HURLBERT, NANCY L**
 STREET ADDRESS **2101 N ANDREWS AVE STE 300**
 CITY-ST-ZIP **FT LAUDERDALE FL**

☐ Delete

TITLE **V**
 NAME **CAREY, MICHAEL L**
 STREET ADDRESS **2101 N ANDREWS AVE, STE 300**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

☐ Delete

TITLE **DP**
 NAME **NOLAN, A. ANTHONY**
 STREET ADDRESS **2101 N ANDREWS AVE, STE 300**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

☐ Delete

TITLE **V**
 NAME **WATTS, STEVEN M**
 STREET ADDRESS **2101 N ANDREWS AVE, STE 300**
 CITY-ST-ZIP **FT LAUDERDALE FL**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EVP**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **VS**
 NAME **RICHARD A. LEMMON**
 STREET ADDRESS **670 N. ROSEMEAD**
 CITY-ST-ZIP **PASADENA CA 91107**

☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/SEC

2/5/02

Date

Daytime Phone #

CR2E034 (9/01)