2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F01000003171 DOCUMENT

1. Entity Name

HUNT-CALIFORNIA MANAGEMENT CORPORATION



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90190 030 ***158.75

Principal Place of Business ATRIUM TWO. SUITE 2310 221 EAST FOURTH STREET CINCINNATI OH 45202				Mailing Address ATRIUM TWO. SUITE 2310 221 EAST FOURTH STREET CINCINNATI OH 45202									
2. Principal Place of Business				3. Mailing Address							31 4 3 4 5		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				FEI Number 93-0	93-0914916 Applied For Not Applicable				7
Zip		Country	Zip	Zip Coun			5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current R				egistered Agent			7.	Name and Address	of New Regist	ered Ag	ent		1
• • • • • • • • • • • • • • • • • • • •						Name	**						
PARACORP INCORPORATED							Street Address (P.O. Box Number is Not Acceptable)						
236 EAST 6TH AVENUE							. ,		-1				1
TALLAHA:	SSEE FL 32	303											
6 % 1							· FL Zip Code						
	named entity ions of registe	submits this statement ered agent.	for the purp	ose of changing its r	egistered	l office or r	egistered ag	gent, or both, in the S	tate of Florida.	l am far	niliar with,	and accept	
SIGNATURE .	Signature, typed o	or printed name of registered age	ent and title if app	licable (NOTE:	Registered A	Agent signature	e required when re	einstating)		DATE			
E	II E MOWIN	EEE IS 61E0 00		······································				1					╣
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State				9. Election Car Trust Fund C	. •	ng 🗆		0 May Be I to Fees	
10.		OFFICERS AN		RS	11.		ΑΓ	L DDITIONS/CHANGE	S TO OFFICERS	S AND D	IRECTOR:	S IN 11	┨
TITLE	PCD		☐ Delete	TITLE	· [0.10.01110011		Change	Addition	ź	
NAME	WARNER, DAVID W									_		_	2
STREET ADDRESS CITY-ST-ZIP	221 E. FOURTH STREET, SUITE 2 CINCINNATI OH 45202					ADDRESS T-ZIP							7 700
TITLE	٧			☐ Delete	TITLE						Change	☐ Addition	ءِ وَ
NAME	HOCKEMA	, RICHARD W			NAME	f							(
STREET ADDRESS	221 E. FO	urth street, suit	E 2310			ADDRESS							
CITY-ST-ZIP		TI OH 45202			CITY-S	T-ZIP							
TITLE	S	V DATDIĆA I		Delete	TITLE			- , :			Change	Addition Addition	
NAME STREET ADDRESS		y, patrica j Urth Street, suit	E 2210		NAME	ADDRESS				,			1
CITY-ST-ZIP		П ОН 45202	E 23 IV		CITY-S								
TITLE	T	11 011 10202		☐ Delete	TITLE						Change	Addition	-
NAME	DAY, RICH	ARD H		L Delete	NAME					h	change		
STREET ADDRESS	221 E. FOURTH STREET, SUITE 2310				STREET	ADDRESS							
CITY-ST-ZIP	CINCINNA	TI OH 45202			CITY-S	r- ZIP							
TITLE				☐ Delete	TITLE						Change	☐ Addition]
NAME					NAME	-							
STREET ADDRESS CITY-ST-ZIP						ADDRESS							
					CITY-S	1 - ZIP				_	-		4
TITLE . NAME				☐ Delete	TITLE] Change	☐ Addition	
STREET ADDRESS					NAME STREET	ADDRESS							{
CITY-ST-ZIP					CITY-SI	ŀ							}
					.= <u></u>								1

12. 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.