

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F93000002438**

1. Entity Name

**HUNTER AND ASSOCIATES MANAGEMENT SERVICES, INC.****FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90164 035 \*\*\*150.00

Principal Place of Business

5901 SUN BLVD.  
STE. 107  
ST. PETERSBURG FL 33715-1161  
US

Mailing Address

5901 SUN BLVD.  
STE. 107  
ST. PETE. FL 33715-1161  
US**619366**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **22-2923317**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

WEINBRENN, DON B  
101 E KENNEDY BLVD  
STE 2700  
TAMPA FL 33602

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

12. *No Change* ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
HUNTER, DAVID P  
2505 PASS-A-GRILLE WAY  
SAINT PETERSBURG BEACH FL 33706 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BROCK, GEORGANNE  
1648 BRIGHT WATERO BLVD  
ST PETE FL 33704 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCANLAN, LAWRENCE  
129 LINSAY LANE  
OLDSMAR FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COATS, DAVID  
PO BOX 430  
PALMETTO FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STONE, JOHN  
8300 HILLTOP DR  
POLAND OH ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HONAN, THOMAS  
5279 ISLAKEY  
ST PETERSBURG FL ☐ DeleteTITLE  
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

*Georganne Brock* - GEORGANNE BROCK TREASURER

Date

1-30-01

Daytime Phone #

727-866-1330

CR2E034 (10/00)