

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90032 037 ***558.75

DOCUMENT # F99000002443

1. Entity Name

HATCH MOTT MACDONALD, INC. ✓

Principal Place of Business

6140 STONERIDGE MALL ROAD, SUITE 250
 PLEASANTON CA 94588

Mailing Address

6140 STONERIDGE MALL ROAD, SUITE 250
 PLEASANTON CA 94588

R0071081



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

16-1006700

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAUSS, STEVE
 3770 SW B ST., SUITE 200
 CORAL GABLES FL 33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	THIRLWALL, TIMOTHY J	
STREET ADDRESS	ST. ANNE HOUSE, 20-26 WELLESLEY RD.	
CITY-ST-ZIP	CROYDON CR9 2UL UNITED KINGD	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOLAN, RONALD R	
STREET ADDRESS	2800 SPEAKMAN DR.	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5K-2R7	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, GORDAN A	
STREET ADDRESS	6140 STONERIDGE MALL RD., #250	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	CO	<input type="checkbox"/> Delete
NAME	WICKENS, PETER J	
STREET ADDRESS	6140 STONERIDGE MALL ROAD, SUITE 250	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HARTLEY, ERIC R	
STREET ADDRESS	6140 STONERIDGE MALL ROAD, SUITE 250	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, DAVID P	
STREET ADDRESS	6140 STONERIDGE MALL ROAD, SUITE 250	
CITY-ST-ZIP	PLEASANTON CA 94588	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN P. TUMMERS	
STREET ADDRESS	2800 SPEAKMAN DR.	
CITY-ST-ZIP	MISSISSAUGA, ONT. L5K-2R7	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG VELASQUEZ	
STREET ADDRESS	6140 STONERIDGE MALL RD. SUITE 250	
CITY-ST-ZIP	PLEASANTON, CA. 94588	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN FEBRER WIFE	
STREET ADDRESS	21 BLAKE ST.	
CITY-ST-ZIP	MILLBURN, NEW JERSEY 07041-1058	
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:

Craig Velasquez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/00 925-469-8010

CR2E034 (5/00)