

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90087 012 \*\*\*150.00

**DOCUMENT # P00000061605**

1. Entity Name

**PREMIER GROUP CONSULTANTS, INC.**

Principal Place of Business

% DAVID K. HIRSCH  
 175 WEST CAMINO REAL  
 BOCA RATON FL 33432

Mailing Address

% DAVID K. HIRSCH  
 175 WEST CAMINO REAL  
 BOCA RATON FL 33432

CHANGE OF ADDRESS

004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2870 FLORIDA BLVD.**

3. Mailing Address

**2870 FLORIDA BLVD.**

Suite, Apt. #, etc.

**#7**

Suite, Apt. #, etc.

**#7**

City & State

**DELRAY BEACH, FL.**

City & State

**DELRAY BEACH, FL.**

4. FEI Number

**59-3654682**

Applied For

Not Applicable

Zip

**33483**

Country

**USA**

Zip

**33483**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HIRSCH, DAVID K  
 175 WEST CAMINO REAL  
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **DASKAL BOLTON MANELA DEULIN & CO.**

Street Address (P.O. Box Number is Not Acceptable)

**2401 NW BOCA RATON BLVD.**

**SUITE 100**

City

**BOCA RATON**

**FL**

Zip Code

**33431**

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 **NANCY HACK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/01**

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

TITLE **DIRECTOR** ☐ Delete  
 NAME **DAVID P. HOLT**  
 STREET ADDRESS **2870 FLORIDA BLVD. #7**  
 CITY-ST-ZIP **DELRAY BEACH, FL. 33483**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01 (561) 266-0353**

Date

Daytime Phone #

CR2E034 (10/00)