

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008572

1. Entity Name

HUNTINGTON MANAGEMENT CORPORATION

Principal Place of Business

FOUR EMBARCADERO CENTER
STE 2650
SAN FRANCISCO CA 64111

Mailing Address

FOUR EMBARCADERO CENTER
STE 2650
SAN FRANCISCO CA 64111
US

FILED

00 SEP 18 AM 9:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Two Embarcadero Center

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 2360

Suite, Apt. #, etc.

95

City & State

San Francisco CA

City & State

San Francisco CA

Zip

94111

Country

USA

Zip

95

Country

USA

4. FEI Number

65-0384855

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 S 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 \$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	P	<input type="checkbox"/> Delete
NAME	KAVOUNAS, EDMOND A	
STREET ADDRESS	325 GREENWICH AVE, 3RD FLR	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN F	
STREET ADDRESS	FOUR EMBARCADERO CTR, STE 2650	
CITY-ST-ZIP	SAN FRANCISCO CA 34111	
TITLE	V	<input type="checkbox"/> Delete
NAME	FALCO, PETER J	
STREET ADDRESS	325 GREENWICH AVE, 3RD FLR	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARK, DONALD L	
STREET ADDRESS	FOUR EMBARCADERO CTR, STE 2650	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003408264--0
STREET ADDRESS	-09/28/00--01078--018
CITY-ST-ZIP	****550.00 ****550.00
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Two Embarcadero Center Ste 2360
STREET ADDRESS	SAN FRANCISCO CA 94111
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Two Embarcadero Center Suite 2360
STREET ADDRESS	SAN FRANCISCO CA 94111
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

415 645 4300

Date

Daytime Phone #

CR2E034 (5/00)