

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087329

1. Entity Name

HUNTER MANAGEMENT GROUP, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90268 028 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1901 MORRILL ST.  
SARASOTA FL 34236  
US~~

~~1901 MORRILL ST.  
SARASOTA FL 34236-0994  
US~~

2. Principal Place of Business

1350 SLEEPY HILL RD

3. Mailing Address

100 SOUTH ELMWOOD AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND FLA

City & State

BUFFALO NY

Zip

33810

Country

USA

Zip

14202

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BRADLEY, STEVEN R.  
1901 MORRILL ST.  
SARASOTA FL 34236~~

Name DAVID R. KNOLL

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

1350 SLEEPY HILL ROAD

City LAKE LAND

FL

Zip Code 33810

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

CHMN/CEO/PRES

4-28-00

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, 2000 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☐ Delete  
NAME ~~BRADLEY, STEVEN R.~~  
STREET ADDRESS ~~1901 MORRILL ST.~~  
CITY-ST-ZIP ~~SARASOTA FL~~

TITLE CHMN/CEO/PRES ☐ Change ☒ Addition  
NAME DAVID R. KNOLL  
STREET ADDRESS 100 SOUTH ELMWOOD AVE  
CITY-ST-ZIP BUFFALO NY 14202

TITLE V ☐ Delete  
NAME ~~KEEN, GAYLE A.~~  
STREET ADDRESS ~~1901 MORRILL ST.~~  
CITY-ST-ZIP ~~SARASOTA FL~~

TITLE DONALD LANDER V.P. ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 1350 SLEEPY HILL RD  
CITY-ST-ZIP LAKE LAND FLA 33810

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR-SECT ☐ Change ☒ Addition  
NAME ERNEST MAWALLA  
STREET ADDRESS 2090 GENESEE ST.  
CITY-ST-ZIP BUFFALO NY 14211

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR - V.P. ☐ Change ☒ Addition  
NAME JOSEPH RICHIE  
STREET ADDRESS 100 SOUTH ELMWOOD AVE  
CITY-ST-ZIP BUFFALO NY 14202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

CHMN/CEO/PRES

Date

Daytime Phone #

716 998 1191  
4-26-00

CR2E034 (9/99)