

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058789

1. Entity Name

HRM DEVELOPMENT CORP.

Principal Place of Business

2650 NW 23RD WAY  
BOCA RATON FL 33431

Mailing Address

2650 NW 23RD WAY  
BOCA RATON FL 33431-4017

2. Principal Place of Business

3998 FAU Boulevard

3. Mailing Address

3998 FAU Boulevard

Suite, Apt. #, etc.

Suite 307

Suite, Apt. #, etc.

Suite 307

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

U.S.A.

Zip

33431

Country

U.S.A.

6. Name and Address of Current Registered Agent

HEAD, THOMAS A  
2650 NW 23RD WAY  
BOCA RATON FL 33431

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

3/22/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HEAD, THOMAS A	
STREET ADDRESS	2650 NW 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000

Date

561 347-6915

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90088 020 \*\*\*150.00