

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096339

1. Entity Name

SCHNAUZER SPORTS OF SOUTH FLORIDA, INC.

Principal Place of Business

623 EAST ATLANTIC BLVD
SUITE 6105
POMPANO BCH FL 33060
US

Mailing Address

623 EAST ATLANTIC BLVD
SUITE 6105
POMPANO BCH FL 33060
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0884588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~OLIVER, JOHN D~~
~~RIVERWALK PLAZA SUITE 4000~~
~~333 NORTH NEW RIVER DRIVE EAST~~
~~FORT LAUDERDALE FL 33301~~

Name

HCRM CORP.

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

2200 Corporate Blvd. N.W., Suite 401

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

Robert J. Hunt VP

Robert J. Hunt, Vice President

2/07/01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'DONNELL, JAY
500 E BROWARD BLVD., STE 1950
FORT LAUDERDALE FL 33394 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Jay O'Donnell

Jay O'Donnell

1-23-01 954 788 2324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0122797

CR2E034 (10/00)