

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90308 042 \*\*\*150.00

**DOCUMENT # P99000061764**

1. Entity Name  
**OAK HILLS PARTNER, INC.**

Principal Place of Business  
**2500 MILITARY TRAIL N. SUITE 260**  
**BOCA RATON FL 33431**

Mailing Address  
**2500 MILITARY TRAIL N. SUITE 260**  
**BOCA RATON FL 33431**



2. Principal Place of Business  
**7900 GLADES RD**  
 Suite, Apt. #, etc.  
**SUITE 610**

3. Mailing Address  
**7900 GLADES RD.**  
 Suite, Apt. #, etc.  
**SUITE 610**

City & State  
**BOCA RATON, FL**  
 Zip  
**33434** Country  
**USA**

City & State  
**BOCA RATON FL**  
 Zip  
**33434** Country  
**USA**

4. FEI Number **65-0940026**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**HCRM CORP.**  
**2200 CORPORATE BLVD NW, SUITE 401**  
**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

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, 2002 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 **CPS** ☐ Delete  
 NAME **MILLER, DAVID**  
 STREET ADDRESS **2500 MILITARY TRAIL NORTH, STE. 260**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VPAS** ☐ Delete  
 NAME **KUSHAY, JOHN**  
 STREET ADDRESS **2500 MILITARY TRAIL NORTH, STE. 260**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 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 **7900 GLADES RD, STE 610**  
 CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **7900 GLADES RD, STE 610**  
 CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Change ☐ Addition  
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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: \_\_\_\_\_

**JOHN KUSHAY, V.P. STRATEGIC PARTNERS**

**2-26-02**

**561-550-0165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)