

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75271

1. Entity Name

HARCH CAPITAL MANAGEMENT, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90015 047 ***150.00

Principal Place of Business
ONE PARK PLACE
621 N.W. 53RD STREET, STE. 620
BOCA RATON FL 33487
US

Mailing Address
ONE PARK PLACE
621 NW 53RD ST SUITE 620
BOCA RATON FL 33487-8242
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0287661**
Applied For
Not Applicable

Zip Country

Zip Country

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

LEWITT, MICHAEL E.
ONE PARK PLACE
621 N.W. 53RD STREET, STE. 620
BOCA RATON FL 33487

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, 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 **P** ☐ Delete
NAME **HARCH, JOSEPH W.**
STREET ADDRESS **ONE PARK PL., 621 N.W. 53RD ST., STE. 620**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **John Farrace**
STREET ADDRESS **One Park Place, 621 NW 53 St #620**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **EVP Chief Operating Officer** ☐ Delete
NAME **LEWITT, MICHAEL E.**
STREET ADDRESS **ONE PARK PL., 621 N.W. 53RD ST., STE. 620**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **Thomas Krasner**
STREET ADDRESS **One Park Place, 621 NW 53 St, #620**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **EVP** ☐ Delete
NAME **HILL, JEFFREY H**
STREET ADDRESS **ONE PARK PL., 621 N.W. 53RD ST. S 620**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **EVP** ☐ Delete
NAME **DIDONATO, JAMES C**
STREET ADDRESS **ONE PARK PL., 621 N.W. 53RD ST. SUITE 620**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **VP** ☐ Delete
NAME **DIGENNARO, DANIEL**
STREET ADDRESS **ONE PARK PL., 621 N.W. 53RD ST., SUITE 620**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **EVP** ☐ Delete
NAME **O'NEIL, JAMES**
STREET ADDRESS **ONE PARK PLACE, 621 NW 53RD ST, ST 620**
CITY-ST-ZIP **BOCA RATON FL 33487**

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: S. Michael Lewitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 561-995-9912
Date Daytime Phone #

CR2E034 (9/99)