

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-02-2000 90091 021 ***150.00

DOCUMENT # 195557

1. Entity Name
THE TIDES PROPERTIES CORPORATION

Principal Place of Business ONE SPACE PARK STE 2770 REDONDO BEACH CA 90278 US	Mailing Address 1900 RICHMOND AVE. 3E CLEVELAND OH 44124-3719 US
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2. Principal Place of Business Suite, Apt. #, etc. STE E1-2090 City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **59-0780802** Applied For Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	HANNEMANN, T.W.	
STREET ADDRESS	ONE SPACE PARK	
CITY-ST-ZIP	REDONDO BEACH CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PAIGE, M B	
STREET ADDRESS	ONE SPACE PARK	
CITY-ST-ZIP	REDONDO BEACH CA 90278	
TITLE	S	<input type="checkbox"/> Delete
NAME	GALLAS, W.E.	
STREET ADDRESS	ONE SPACE PARK	
CITY-ST-ZIP	RENODO BEACH CA	
TITLE	AST	<input type="checkbox"/> Delete
NAME	MARINAS, R A	
STREET ADDRESS	ONE SPEACE PARK	
CITY-ST-ZIP	REDONDO BEACH CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	REDONDO BEACH CA 90278	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIGE, M	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	REDONDO BEACH CA 90278	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	REDONDO BEACH CA 90278	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 an other like empowered.

SIGNATURE: W. GALLAS 1-21-00 310-813-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)