

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 338699

1. Entity Name

LAKE CLARKE TERRACE CO., INC.

Principal Place of Business

Mailing Address

900 WILSHIRE BLVD., SUITE 1520
LOS ANGELES, CA 90017-4716

2. Principal Place of Business

900 WILSHIRE BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 1520

Suite, Apt. #, etc.

City & State

LOS ANGELES, CA

City & State

4. FEI Number

59-1284614

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

90017-4716

USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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

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

TITLE CHAIRMAN/CEO ☐ Delete
NAME WILLIAM M FENNING
STREET ADDRESS 900 WILSHIRE BLVD #1520
CITY-ST-ZIP LOS ANGELES CA 90017-4716

TITLE D/PRESIDENT ☐ Delete
NAME JEFFREY M KISSEL
STREET ADDRESS 900 WILSHIRE BLVD #1520
CITY-ST-ZIP LOS ANGELES CA 90017-4716

TITLE D/VICE PRESIDENT ☐ Delete
NAME DAVID T MORGAN
STREET ADDRESS 900 WILSHIRE BLVD #1520
CITY-ST-ZIP LOS ANGELES CA 90017-4716

TITLE SECRETARY ☐ Delete
NAME NANCY R AHEARN
STREET ADDRESS 900 WILSHIRE BLVD #1520
CITY-ST-ZIP LOS ANGELES CA 90017-4716

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
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/00

(213) 624-8161

Date

Daytime Phone #

CR2E034 (9/99)