

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834521

1. Entity Name
T.Y. LIN INTERNATIONAL

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90171 025 ***150.00

Principal Place of Business
825 BATTERY ST
SAN FRANCISCO CA 94111

Mailing Address
825 BATTERY ST
SAN FRANCISCO CA 94111



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 94-1598707

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

CANJURA, NELSON E
27803 SUMMER PL DR
WESLEY CHAPEL FL 33543

Name DAVID GILBERT
Street Address (P.O. Box Number is Not Acceptable)
10500 UNIVERSITY CENTER DRIVE, SUITE 275
City TAMPA FL Zip Code 33612

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 *David Gilbert* DAVID GILBERT ASSOCIATE 1/29/00
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	PD KALLAS, WILLIAM E 825 BATTERY ST SAN FRANCISCO CA 94111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP JAMES, TAI 825 BATTERY ST SAN FRANCISCO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST PETERSON, ROBERT A 825 BATTERY ST. SAN FRANCISCO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BERMAN, JOBY 5960 N MILWAUKEE AVE CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ASHLEY, MARK 5030 CCAMINO DE LA SIESTA # 204 SAN DIEGO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TANG, MAN-CHUNG 825 BATTERY ST. SAN FRANCISCO CA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *William E. Kallas* WILLIAM E. KALLAS 1/8/01 415-291-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)