

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853634

1. Entity Name

EASTERN PROFESSIONAL PROPERTIES, INC.

FILED

00 APR 17 AM 11:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**3820 STATE STREET
SANTA BARBARA CA 93105
US**

**3820 STATE STREET
SANTA BARBARA CA 93105-3112
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-3565201

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 Delete
NAME **VSD**
STREET ADDRESS **SILVER, RICHARD B**
CITY-ST-ZIP **3820 STATE STREET**
SANTA BARBARA CA 93105

TITLE Change Addition
NAME **7000032225017**
STREET ADDRESS **-04/25/00--01025--003**
CITY-ST-ZIP *****150.00 ***150.00**

TITLE Delete
NAME **P**
STREET ADDRESS **BURFITT, GREGORY**
CITY-ST-ZIP **2010 BROOKWOOD MEDICAL CENTER DR.**
BIRMINGHAM AL 35209

TITLE Change Addition
NAME **P**
STREET ADDRESS **John R. Nickens III**
CITY-ST-ZIP **2010 Brookwood Medical Center Dr.**
Birmingham, AL 35209

TITLE Delete
NAME **EVP**
STREET ADDRESS **MACKEY, THOMAS B**
CITY-ST-ZIP **2011 POLOMAR AIRPORT RD.**
CARLSBAD CA 92009

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VPT**
STREET ADDRESS **MCMULLEN, TERENCE P.**
CITY-ST-ZIP **3820 STATE STREET**
SANTA BARBARA CA 93105

TITLE Change Addition
NAME **T**
STREET ADDRESS **Dennis L. Dent**
CITY-ST-ZIP **3820 State Street**
Santa Barbara, CA 93105

TITLE Delete
NAME **EVP**
STREET ADDRESS **SMITH W. RANDOLPH**
CITY-ST-ZIP **14001 DALLAS PARKWAY, STE. 200**
DALLAS TX

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **AS**
STREET ADDRESS **LARSEN, CAITLIN M**
CITY-ST-ZIP **3820 STATE STREET**
SANTA BARBARA CA 93105

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **LS**

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: *Caitlin M. Larsen*

Asst. Secretary

4/11/00

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #