## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F9700005078 BACKEN, ARRIGONI & ROSS, INC.

Principal Place of Business

Mailing Address

1660 BUSH ST.

1660 BUSH ST.

**FILED** Mar 26, 2001 8:00 am Secretary of State

03-26-2001 90057 010 \*\*\*150.00

(See criteria on back)  Make Check Payable to Department of State  Trust Fund Contribution.  Acceptable to Department of State  Trust Fund Contribution.	Applied For Not Applicable Idditional red  de  D  May Be ed to Fees
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  St. Certificate of Status Desired  \$8.75 Fee Req  6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip C  City	de d
Zip Country Zip Country 5. Centificate of Status Desired \$8.75 Fee Req.  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip G  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  9. This corporation is eligible to salisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  The address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  FL Zip G  City FL Zip G  City FL Zip G  Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to salisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. REFET ADDRESS  CITY-ST-ZIP  TITLE  V Delete  KRUGMEIER, PAULA  SIREET ADDRESS  CITY-ST-ZIP  Char  SAN FRANCISCO CA 94109  CITY-ST-ZIP  SAN FRANCISCO CA 94109  CITY-ST-ZIP  SAN FRANCISCO CA 94109	de d
6. Name and Address of Current Registered Agent	dditional red  de  00 May Be ed to Fees
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip 6  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 othe if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filling 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  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14.  OFFICERS AND DIRECTORS  15.  SAN FRANCISCO CA 94109  TITLE  V Delete  TITLE  V Delete  TITLE  VRAME  SIREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  SAN FRANCISCO CA 94109  TITLE  VRAME  SIRRET ADDRESS  CITY-ST-ZIP  SAN FRANCISCO CA 94109  TITLE  SAN FRANCISCO CA 94109  TITLE  SAN FRANCISCO CA 94109	<b>00</b> May Be ed to Fees
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  FL  Zip 0  Ci	<b>00</b> May Be ed to Fees
Street Address (P.O. Box Number is Not Acceptable)  PLANTATION FL 33324  City  FL Zip C  City	<b>00</b> May Be ed to Fees
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 primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11ILE NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  KRUGMEIER, PAULA  STREET ADDRESS  CITY-ST-ZIP  SAN FRANCISCO CA 94109  City-ST-ZIP  SAN FRANCISCO CA 94109  City-ST-ZIP  SAN FRANCISCO CA 94109  City-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	<b>00</b> May Be ed to Fees
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)  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  The submits of the submits of the purpose of changing its 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  10. Election Campaign Financing Trust Fund Contribution.  ARE TITLE  NAME  MITCHELL, JAMES  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  SAN FRANCISCO CA 94109  CITY-ST-ZIP  SAN FRANCISCO CA 94109  CITY-ST-ZIP  SAN FRANCISCO CA 94109	<b>00</b> May Be ed to Fees
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	ed to Fees
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94109  P. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Active MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME KRUGMEIER, PAULA STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94109  CITY-ST-ZIP SAN FRANCISCO CA 94109  CITY-ST-ZIP SAN FRANCISCO CA 94109  CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94109	ed to Fees
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  MITCHELL, JAMES  STREET ADDRESS  CITY-ST-ZIP  NAME  KRUGMEIER, PAULA  STREET ADDRESS  CITY-ST-ZIP  SAN FRANCISCO CA 94109  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.  Additional Contribution.  Additional Contribution.  Additional Contribution.  STREET ADDRESS CITY-ST-ZIP  Chart  NAME  STREET ADDRESS  CITY-ST-ZIP  SAN FRANCISCO CA 94109  CITY-ST-ZIP  SAN FRANCISCO CA 94109  CITY-ST-ZIP  SAN FRANCISCO CA 94109	ed to Fees
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PD MITCHELL, JAMES STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94109  Title NAME KRUGMEIER, PAULA STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94109  TO Election Campaign Financing Trust Fund Contribution.  AC  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94109  TO Election Campaign Financing Trust Fund Contribution.  To Election Campaign Financing Trust Fund Contribution.  Chan Trust Fund Contribution.  To Election Campaign Financing Trust Fund Contribution.  To Election Campaign Financing Trust Fund Contribution.  The	ed to Fees
TITLE NAME MITCHELL, JAMES STREET ADDRESS CITY-ST-ZIP NAME KRUGMEIER, PAULA STREET ADDRESS CITY-ST-ZIP NAME KRUGMEIER, PAULA STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94109  Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  CHARLES CITY-ST-ZIP SAN FRANCISCO CA 94109  CHARLES CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94109  TITLE NAME KRUGMEIER, PAULA STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94109  TITLE NAME STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94109  CHAPT C	RS IN 11 ]
TITLE V Delete TITLE Charman C	Addition
	Addition
TITLE ST Delete TITLE Chan	Addition _
NAME THOMAS, JOHN NAME STREET ADDRESS 1660 BUSH ST.	-
CITY-ST-ZIP SAN FRANCISCO CA 94109 CITY-ST-ZIP	}
TITLE DC Delete TITLE Chan  NAME BEARD, RICHARD D NAME  STREET ADDRESS 1660 BUSH ST. STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94109 CITY-ST-ZIP	Addition
TITLE DC Delete TITLE NAME ARRIGONI, ROBERT V NAME STREET ADDRESS 1660 BUSH ST. STREET ADDRESS	1

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SAN FRANCISCO CA 94109

SAN FRANCISCO CA 94109

ISRAEL, DAVID

1660 BUSH ST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Detete

JOHN H. THOMAS

☐ Change

Addition