

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90021 036 ***150.00

DOCUMENT # P38101

1. Entity Name
3679 WATERS AVENUE CORPORATION

Principal Place of Business C/O PMREALTY ADVISORS, INC STE 300 NEWPORT BCH CA 92660 US	Mailing Address 800 NEWPORT CTR. DR STE 300 NEWPORT BCH CA 92660-6315 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 33-0471578	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCWALTERS, JAMES G	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	STDV	<input type="checkbox"/> Delete
NAME	SULLIVAN, LAWRENCE K.	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HUBBS, DAVID K	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWER, RONALD L	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LERCH, JEFFREY W	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVAUGH, JEFFREY S.	
STREET ADDRESS	800 NEWPORT CENTER DRIVE #300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUY, CHRISTOPHER L.	
STREET ADDRESS	800 NEWPORT CENTER DRIVE #300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSH, DAVID R.	
STREET ADDRESS	800 NEWPORT CENTER DRIVE #300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	

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: _____ Date: **1-12-00** Daytime Phone #: **949-219-5000**

CR2E034 (9/99)