

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
03-01-2001 90031 024 \*\*\*158.75

**DOCUMENT # 838598**

1. Entity Name  
**JACMAR PACIFIC PIZZA CORPORATION**

Principal Place of Business  
**2200 WEST VALLEY BLVD.**  
**ALHAMBRA CA 91803**

Mailing Address  
**2200 WEST VALLEY BLVD.**  
**ALHAMBRA CA 91803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-2808722**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**FINCH, PHILLIP**  
**GRAY HARRIS AND ROBINSON**  
**201 E. PINE STREET**  
**ORLANDO FL 32802**

## 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, 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	HILL, R RANDOLPH	
STREET ADDRESS	2200 W VALLEY BLVD	
CITY-ST-ZIP	ALHAMBRA CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TILLEY, WILLIAM H	
STREET ADDRESS	2200 W VALLEY BLVD	
CITY-ST-ZIP	ALHAMBRA CA	
TITLE	VCO	<input type="checkbox"/> Delete
NAME	DAL POZZO, JAMES A.	
STREET ADDRESS	2200 W VALLEY BLVD	
CITY-ST-ZIP	ALHAMBRA CA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MURAKAMI,	
STREET ADDRESS	2200 W. VALLEY BLVD.	
CITY-ST-ZIP	ALHAMBRA CA 91803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID REID	
STREET ADDRESS	2200 W. VALLEY BLVD	
CITY-ST-ZIP	Alhambra, CA 91803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**David Reid**

**2-21-01**

Date

**626/576-0737**

Daytime Phone #

CR2E034 (10/00)