

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839245

1. Entity Name

FAFCO, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90132 027 ***150.00

Principal Place of Business

2690 MIDDLEFIELD RD.
REDWOOD CITY CA 94063

Mailing Address

2690 MIDDLEFIELD RD.
REDWOOD CITY CA 94063-3402

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

94-2159547

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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	CDP	<input type="checkbox"/> Delete
NAME	FORD, FREEMAN A.	
STREET ADDRESS	2690 MIDDLEFIELD RD.	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WATT, ALEX N	
STREET ADDRESS	2690 MIDDLEFIELD RD.	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRIS, DAVID K	
STREET ADDRESS	2690 MIDDLEFIELD RD.	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, WILLIAM	
STREET ADDRESS	1313 CRANE ST	
CITY-ST-ZIP	MENLO PK CA 94025	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELIG, ROBERT W JR.	
STREET ADDRESS	3465 DIABLO AVE.	
CITY-ST-ZIP	HAYWARD CA 94545	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARVIN, NANCY I	
STREET ADDRESS	2690 MIDDLEFIELD RD	
CITY-ST-ZIP	REDWOOD CITY CA 94063	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHISHOLM, WILLIAM	
STREET ADDRESS	5845 Chabot Court	
CITY-ST-ZIP	Oakland, CA 94618	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, DAVID F.	
STREET ADDRESS	644 Marine Street	
CITY-ST-ZIP	Santa Monica, CA 90405	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berry, William	
STREET ADDRESS	3412 Hillview Avenue	
CITY-ST-ZIP	Palo Alto, CA 94304	
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

Nancy I. Garvin

Date

Daytime Phone #

1/12/00 650-363-2690

CR2E034 (9/99)