

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851333

1. Entity Name

ESPRIT DE CALIFORNIA, INC.

Principal Place of Business

900 MINNESOTA  
SAN FRANCISCO CA 94107

Mailing Address

900 MINNESOTA  
SAN FRANCISCO CA 94107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	DAMEN, JANET	900 MINNESOTA STREET	SAN FRANCISCO CA	<input checked="" type="checkbox"/>
D	KARSCH, BRUCE	550 S HOPE ST, 22ND FLOOR	LOS ANGELES CA	<input type="checkbox"/>
D	WACHTELL, PATTY	550 S HOPE ST 22ND FLOOR	LOS ANGELES CA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CEO	Joseph Heid	900 Minnesota St.	San Francisco, CA 94107	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chief Financial Officer	Robert Graff	900 Minnesota St. SF, CA 94107		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chief Information Officer	Dean Bouloukos	900 Minnesota St. S.F. CA 94107		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Nicola Jones	900 Minnesota St. S.F. CA 94107		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asst. Secretary	Kimberly Holtz MacMillan	900 Minnesota St., S.F. CA 94107		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asst. Secretary	Ronald Schanz	900 Minnesota St. S.F. CA 94107		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Kimberly Holtz MacMillan* Kimberly Holtz MacMillan 4-11-01 415-550-3663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90342 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **94-1712873**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034 (10/00)