

2002 UNIFORM BUSINESS REPORT (UBR)

0020549 AB

DOCUMENT # **A16744**

1. Entity Name
HERRICK HOLDINGS LTD.

FILED

02 APR 19 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**755 RAINTREE DR. #200
CARLSBAD CA 92009**

Mailing Address
**755 RAINTREE DR. #200
CARLSBAD CA 92009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **33-0031175**

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 ROAD
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.

DATE

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **HERRICK, WILLIAM J**
STREET ADDRESS **755 RAINTREE DR., #200**
CITY-ST-ZIP **CARLSBAD CA**

STREET ADDRESS

CITY-ST-ZIP

**100005450681--0
-05/03/02--01081--003
****526.25 ****526.25**

DOCUMENT #
NAME **HERRICK, DONNA M**
STREET ADDRESS **755 RAINTREE DR., #200**
CITY-ST-ZIP **CARLSBAD CA**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/02 760 438 6661

Date Daytime Phone #

CR2E003 (9/01)