

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001843

1. Entity Name

BAY VIEW ACCEPTANCE CORPORATION

Principal Place of Business

818 OAKPARK ROAD  
COVINA CA 91723

Mailing Address

P.O. BOX 4579  
COVINA CA 91723

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATION SERVICES, INC.  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH FL 33401

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 PD  
NAME BADAME, JAMES A  
STREET ADDRESS 1840 GATEWAY DRIVE  
CITY-ST-ZIP SAN MATEO CA 94404 ☐ Delete

TITLE VD  
NAME BUCKLEY, JOHN N  
STREET ADDRESS 1840 GATEWAY DRIVE  
CITY-ST-ZIP SAN MATEO CA 94404 ☐ Delete

TITLE V  
NAME REED, RONALD L  
STREET ADDRESS 1840 GATEWAY DRIVE  
CITY-ST-ZIP SAN MATEO CA 94404 ☐ Delete

TITLE V  
NAME HALACHUKAS, ROBERT A  
STREET ADDRESS 1840 GATEWAY DRIVE  
CITY-ST-ZIP SAN MATEO CA 94404 ☐ Delete

TITLE VS  
NAME CATALANO, JOSEPH J  
STREET ADDRESS 1840 GATEWAY DRIVE  
CITY-ST-ZIP SAN MATEO CA 94404 ☐ Delete

TITLE V  
NAME FLASHNER, MICHAEL E  
STREET ADDRESS 1840 GATEWAY DRIVE  
CITY-ST-ZIP SAN MATEO CA 94404 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Michael E. Flashner

Date

5/1/01

Daytime Phone #

(626) 974-0603

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90008 024 \*\*\*150.00

551827



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3292819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)