

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90335 049 ***150.00

DOCUMENT # F00000006181

1. Entity Name
FALL RIVER COPORATION

Principal Place of Business

844 S. 200 E. #300
SALT LAKE CITY UT 84111

Mailing Address

844 S. 200 E. #300
SALT LAKE CITY UT 84111

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 **91-1989743**

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 SOUTH 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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	CHRISTENSEN, LADD E	
STREET ADDRESS	844 S. 200 E., #300	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	AS	☐ Delete
NAME	SATALLANTE, TRACY	
STREET ADDRESS	844 S. 200 E., #300	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	T	☒ Delete
NAME	WEBB, LAVARR G	
STREET ADDRESS	844 S. 200 E., #300	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	S	☐ Delete
NAME	BARRICK, GREGORY N	
STREET ADDRESS	111 E. BROADWAY, #900	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	John McMillian	
STREET ADDRESS	2665 So. Bayshore Dr., #M-102	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	☐ Change ☒ Addition
NAME	Peter Solomon	
STREET ADDRESS	767 5th Ave., 26th Flr.	
CITY-ST-ZIP	New York City, NY 10153	
TITLE	D	☐ Change ☒ Addition
NAME	Leland Faust	
STREET ADDRESS	445 Bush St., 5th Flr.	
CITY-ST-ZIP	San Francisco, CA 94108	
TITLE	✓	☐ Change ☒ Addition
NAME	Tim Vetter	
STREET ADDRESS	844 S 200 E., #300	
CITY-ST-ZIP	Salt Lake City, UT 84111	
TITLE	V/D	☐ Change ☒ Addition
NAME	Quinn Stirland	
STREET ADDRESS	844 S 200 E., #300	
CITY-ST-ZIP	Salt Lake City, UT 84111	
TITLE	D	☐ Change ☒ Addition
NAME	Bill McCormick	
STREET ADDRESS	660 Steamboat Rd., 2nd Flr.	
CITY-ST-ZIP	Greenwich, CT 06830	

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

Date

Daytime Phone #

Tracy Satallante, Assistant Secretary

1/29/01 801 531-6633

CR2E034 (10/00)