

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90306 019 \*\*\*150.00

0657605 AT

**DOCUMENT # F01000005722**

**1. Entity Name**  
**EXCEL LEGACY CORPORATION**



**Principal Place of Business**  
**17140 BERNANDO CENTER DRIVE**  
**SUITE 300**  
**SAN DIEGO CA 92128**

**Mailing Address**  
**17140 BERNANDO CENTER DRIVE**  
**SUITE 300**  
**SAN DIEGO CA 92128**



**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 33-0781747**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION, SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE DC  
NAME MCGRORY,  
STREET ADDRESS 7979 IVANHOE AVE. SUITE 520  
CITY-ST-ZIP LA JOLLA CA 92037 ☐ Delete

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

TITLE D  
NAME CAHILL, JAMES  
STREET ADDRESS 7979 IVANHOE AVE. SUITE 520  
CITY-ST-ZIP LA JOLLA CA 92037 ☐ Delete

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

TITLE DC  
NAME SABIN, GARY B  
STREET ADDRESS 17140 BERNANDO CENTER DRIVE  
CITY-ST-ZIP SAN DIEGO CA 92128 ☐ Delete

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

TITLE DP  
NAME MUIR, RICHARD B  
STREET ADDRESS 17140 BERNANDO CENTER DRIVE  
CITY-ST-ZIP SAN DIEGO CA 92128 ☐ Delete

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

TITLE V  
NAME BURTON, MARK T  
STREET ADDRESS 801 NORTH 500 WEST #210  
CITY-ST-ZIP WEST BOUNTIFUL ☐ Delete

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

TITLE VS  
NAME OTTESEN, S. ERIC  
STREET ADDRESS 17140 BERNANDO CENTER DRIVE  
CITY-ST-ZIP SAN DIEGO CA 92128 ☐ Delete

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-03

858-675-9400

CR2E034 (10/02)