

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000467

1. Entity Name

MARSH LANDING DEVELOPMENT CORPORATION

0370

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90051 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
ATTN: STATE TAX DEPT  
4 EMBARCADERO CENTER, SUITE 2200  
SAN FRANCISCO CA 94111  
US

Mailing Address  
ATTN: STATE TAX DEPT  
4 EMBARCADERO CENTER, SUITE 2200  
SAN FRANCISCO CA 94111-5998  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-3174400

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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, 2000 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 P  
NAME CREWS, JESSE V  
STREET ADDRESS 15 ALICE PLACE  
CITY-ST-ZIP ORINDA CA 94536 ☐ Delete

TITLE  
NAME JESSE V. CREWS ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME JENKINS-STARK, JOHN  
STREET ADDRESS 4 EMBARCADERO CENTER #2200  
CITY-ST-ZIP SAN FRANCISCO CA 94411 ☐ Delete

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

TITLE VSD  
NAME NORD, THOMAS C  
STREET ADDRESS 5953 MANCHESTER DR.  
CITY-ST-ZIP OAKLAND CA ☐ Delete

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

TITLE V  
NAME GLENN, CURT F  
STREET ADDRESS 4 EMBARCADERO CENTER, SUITE 2200  
CITY-ST-ZIP SAN FRANCISCO CA ☐ Delete

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

TITLE T  
NAME TINNON, RICHARD M.  
STREET ADDRESS 4 EMBARCADERO CENTER STE 2200  
CITY-ST-ZIP SAN FRANCISCO CA ☐ Delete

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

TITLE V  
NAME KANTER, GARY L  
STREET ADDRESS 684 HAWTHORNE DRIVE  
CITY-ST-ZIP TIBURON CA ☐ Delete

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

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: *Thomas C. Nord* THOMAS C. NORD

2-16-00

4159553340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)