

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90014 019 ***150.00

DOCUMENT # F93000000467

1. Entity Name
MARSH LANDING DEVELOPMENT CORPORATION

0370

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
US

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 **94-3174400**

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

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	CREWS, JESSE V	
STREET ADDRESS	15 ALICE PLACE	
CITY-ST-ZIP	ORINDA CA 94536	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JENKINS STARK, JOHN	
STREET ADDRESS	4 EMBARCADERO CENTER #2200	
CITY-ST-ZIP	SAN FRANCISCO CA 94411	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	NORD, THOMAS C	
STREET ADDRESS	5953 MANCHESTER DR.	
CITY-ST-ZIP	OAKLAND CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GLENN, CURT F	
STREET ADDRESS	4 EMBARCADERO CENTER, SUITE 2200	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	TINNON, RICHARD M.	
STREET ADDRESS	4 EMBARCADERO CENTER STE 2200	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	KANTER, GARY L	
STREET ADDRESS	684 HAWTHORNE DRIVE	
CITY-ST-ZIP	TIBURON CA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURT F. GLENN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN M. REINKE	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas C. Nord*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Nord

Date

Daytime Phone #

415 955 3340

CR2E034 (10/00)