

# 2002 UNIFORM BUSINESS REPORT (UBR)

0141106 AR

DOCUMENT # F94000000138

1. Entity Name  
MERCER GLOBAL ADVISORS, INC.

FILED

02 OCT 31 PM 12:50

Principal Place of Business  
1801 E. CABRILLO BLVD.  
SANTA BARBARA CA 93108

Mailing Address  
1801 E. CABRILLO BLVD.  
SANTA BARBARA CA 93108

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 77-0223052

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

KIBBE, RONALD  
4200 W CYPRESS STREET  
SUITE 479  
TAMPA FL 33607

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]*

Ronald Kibbe

10-28-02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME DONGIEUX, GENE L JR  
STREET ADDRESS 721 SAND POINT RD  
CITY-ST-ZIP CARPINTERIA CA 93013 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 500008724455  
CITY-ST-ZIP 10/31/02--01045--010 \*\*750.00 ☐ Change ☐ Addition

TITLE VD  
NAME ROCHESTIE, HOWARD M  
STREET ADDRESS 366 SHEFFIELD DR  
CITY-ST-ZIP MONTECITO CA 93108 ☐ Delete

TITLE T/C/D  
NAME Rochestie, Howard M  
STREET ADDRESS 366 Sheffield Dr.  
CITY-ST-ZIP Montecito CA 93108 ☒ Change ☐ Addition

TITLE SD  
NAME WYSEL, GLEN  
STREET ADDRESS 1540 BOLERO  
CITY-ST-ZIP SANTA BARBARA CA 93108 ☐ Delete

TITLE D  
NAME Glen wysel e  
STREET ADDRESS 1540 Bolero  
CITY-ST-ZIP Santa Barbara CA 93108 ☒ Change ☐ Addition

TITLE D  
NAME ATWATER, DEB  
STREET ADDRESS 22 LA CUMBRE CIR  
CITY-ST-ZIP SANTA BARBARA CA 93105 ☒ Delete

TITLE S/D  
NAME Imtiaaz Manji  
STREET ADDRESS 6991 Marguerite St.  
CITY-ST-ZIP Vancouver BC V6P 5G1 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Dongieux Jr. 10-25-02

Date

Daytime Phone #

805-565-2578

CR2E034 (4/02)