

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0579028

DOCUMENT # F94000001979

Entity Name
ORNDA OF SOUTH FLORIDA, INC.

00 MAY -1 PH 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3820 STATE STREET SANTA BARBARA CA 93105	Mailing Address % MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105-3112
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DO NOT WRITE IN THIS SPACE

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 65-0482175	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 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	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME FOCHT, MICHAEL H SR.	
STREET ADDRESS 3820 STATE STREET	
CITY-ST-ZIP SANTA BARBARA CA 93105	
TITLE DVS	<input type="checkbox"/> Delete
NAME SILVER, RICHARD B	
STREET ADDRESS 3820 STATE STREET	
CITY-ST-ZIP SANTA BARBARA CA 93105	
TITLE VCFO	<input checked="" type="checkbox"/> Delete
NAME FETTER, TREVOR	
STREET ADDRESS 3820 STATE STREET	
CITY-ST-ZIP SANTA BARBARA CA 93105	
TITLE VT	<input checked="" type="checkbox"/> Delete
NAME MCMULLEN, TERENCE P	
STREET ADDRESS 3820 STATE STREET	
CITY-ST-ZIP SANTA BARBARA CA 93105	
TITLE AS	<input type="checkbox"/> Delete
NAME LARSEN, CAITLIN	
STREET ADDRESS 3820 STATE STREET	
CITY-ST-ZIP SANTA BARBARA CA 93105	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Donald S. Steigman	
STREET ADDRESS 500 W. Cypress Creek Road	
CITY-ST-ZIP Fort Lauderdale, FL 33309	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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*****150.00 ***150.00**

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: *Caitlin Larsen* Asst. Secretary 4/12/00 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)