2002 l	UNIFORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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DOCUI	MENT # <b>F940</b>	00001979		<u> </u>						
ORNDA OF SOUTH FLORIDA, INC.					FILED					
Principal Place of Business Mailing Address						02 APR -9 PM 3: 21				
3820 STATE S		% MARY H. YUMIBE								
SANTA BARBARA CA 93105			3820 STATE STREET SANTA BARBARA CA 93105			TALLA	ETARY HASSEE	JE STA	TE MANIE	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				TBIHI OGHI TBIB		1010 (11) (11) '	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	65-0482175		No	plied For t Applicable	
Zip	Country	Zip	Cour	untry		Certificate of Status Desired		<b>3.75</b> Add • Required		
	6. Name and Address of Curre	nt Registered Agent	<del></del>	Noss	7.	Name and Address of New Rec	istered Age	nt		
C T COD	DODATION EVETEN			Name						
	Poration System JTH Pine Island Road			Street Address (P.O. Box Number is Not Acceptable)						
	ON FL 33324									
	•			City		<del></del>	FL	Zip Code	9	
8. The above	named entity submits this statement	t for the purpose of changing its	reaister	L ed office or reais	tered a	gent, or both, in the State of Florid				
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registere	d Agent signature requi	ired when r	reinstating)	DATE			
9. This corpo	oration is eligible to satisfy its Intangi	ble FILE NOW	!!! FEE	IS \$150.00		10. Election Campaign Finar	ncina	\$5.0	0 May Be	
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust Fund Contribution.			to Fees	
11.		ND DIRECTORS	12.			DDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS	3 IN 11	
TITLE	Р	☐ Delete	TITL	E				] Change	☐ Addition	
NAME STREET ADDRESS	STEIGMAN, DONALD S 500 W. CYPRESS CREEK RD.		NAM	ET ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	1	1	-ST-ZIP						
TITLE	DVS	☐ Delete	TITL			00000054	630	] Ching -	Addition	
NAME STREET ADDRESS	SILVER, RICHARD B		NAM STRE	E EET ADDRESS		-05/06/0201095004 ****150.00 ****150.00				
CITY-ST-ZIP	3820 State Street Santa Barbara ca 93105		1	-ST-ZIP		**************************************	). OO 4	-1	0.00	
TITLE	T	☐ Delete	TITL					] Change	☐ Addition	
NAME STREET ADDRESS	DENT, DENNIS L		NAM STRE	E EET ADDRESS						
CITY-ST-ZIP	3820 State Street Santa Barbara ca 93105			-ST-ZIP						
TITLE	AS	☐ Delete	TITL	E				Change	Addition	
NAME STREET ADDRESS	LARSEN, CAITLIN		NAM	E ET ADDRESS						
CITY-ST-ZIP	3820 State Street Santa Barbara ca 93105			-ST-ZIP					Ì	
TITLE		☐ Delete	TITL	E		<del></del>		] Change	☐ Addition	
NAME STREET ADDRESS			NAM	E ET ADDRESS		٨				
CITY-ST-ZIP				-ST-ZIP		MILM				
TITLE		☐ Delete	TITL	Ε		TIVY,		] Change	Addition	
NAME STREET ADDRESS			NAM Stre	E ET ADDRESS		~ W				
CITY-ST-ZIP				-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: Caitlin M. Larsen, Asst. Sec. 3/19/02 805/563-7075 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da										