

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002095

1. Entity Name

CALIFORNIA LENDING GROUP, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90177 005 ***150.00

Principal Place of Business

Mailing Address

3351 MICHELSON DR #100
SUITE 100
IRVINE CA 92612
US

3351 MICHELSON DR
#100
IRVINE CA 92612-0697
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

33-0407459

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

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

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** ☐ Delete
NAME **SWARTZ, LARRY A**
STREET ADDRESS **57 CORONADO POINTE**
CITY-ST-ZIP **LAGUNA NIGUEL CA**

TITLE **Director** ☐ Change ☒ Addition
NAME **Baier, Frank**
STREET ADDRESS **15 Druid Hill Rd.**
CITY-ST-ZIP **Summit, NJ**

TITLE **V** ☒ Delete
NAME **FANCAS, GEORGE**
STREET ADDRESS **2008 KALE SUSANA**
CITY-ST-ZIP **SAN JUAN CAPISTRANO, CA**

TITLE **COO** ☐ Change ☒ Addition
NAME **Myers, Steve D.**
STREET ADDRESS **16 Springbrook Rd.**
CITY-ST-ZIP **Laguna Niguel, CA**

TITLE **CFO** ☐ Delete
NAME **LOWE, ROBERT**
STREET ADDRESS **1005 MILES COURT**
CITY-ST-ZIP **ANAHEIM CA**

TITLE **Director** ☐ Change ☒ Addition
NAME **Baker, Mark**
STREET ADDRESS **120 State St.**
CITY-ST-ZIP **Brooklyn, NY**

TITLE **SECR** ☐ Delete
NAME **JOHN H QUINN JR**
STREET ADDRESS **9900 ALTO DRIVE**
CITY-ST-ZIP **LA MESA CA 91941**

TITLE **Director** ☐ Change ☒ Addition
NAME **Festo, Michael**
STREET ADDRESS **881 Orienta Ave.**
CITY-ST-ZIP **Mamaroneck, NY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Fishman, Alan**
STREET ADDRESS **6 Willow Place**
CITY-ST-ZIP **Brooklyn, NY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Remis, Jay**
STREET ADDRESS **118 Madison Place**
CITY-ST-ZIP **Ridgewood, NJ**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

(949) 477-8477

Daytime Phone #

CR2E034 (9/99)