

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006611

1. Entity Name

2140 SCT CORPORATION

Principal Place of Business

800 NEWPORT CTR. DR., STE. 300  
NEWPORT BEACH CA 92660

Mailing Address

800 NEWPORT CTR. DR., STE. 300  
NEWPORT BEACH CA 92660-6315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303

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 NAME STREET ADDRESS CITY-ST-ZIP	DP HUBBS, DAVID K 800 NEWPORT CTR. DR., STE. 300 NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCWALTERS, JAMES G 800 NEWPORT CTR. DR., STE. 300 NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SULLIVAN, LAWRENCE K 800 NEWPORT CTR. DR., STE. 300 NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWER, RONALD L 800 NEWPORT CTR. DR., STE. 300 NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUBBS, DAVID K 800 NEWPORT CENTER DRIVE #300 NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LERCH, JEFFREY W 800 NEWPORT CTR DR, STE 300 NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V CAVANAUGH, JEFFREY S. 800 NEWPORT CENTER DRIVE #300 NEWPORT BEACH CA 92660	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS GUY, CHRISTOPHER L. 800 NEWPORT CENTER DRIVE #300 NEWPORT BEACH CA 92660	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS BRUSH, DAVID R. 800 NEWPORT CENTER DRIVE #300 NEWPORT BEACH CA 92660	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

949-219-5000

Daytime Phone #

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90019 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2-E034 (3/98)