

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002931

1. Entity Name

CHRISTIE DESIGN CORPORATION

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90021 002 ***550.00

Principal Place of Business

527 STONE ROAD
BENECIA CA 94510
US

Mailing Address

CHRISTIE DESIGN CORP
2950 LAKE MARY BLVD
LAKE MARY FL 32745
US

Attn.: Garrett Klayer, Tax Manager

2. Principal Place of Business

774 Mays Blvd
Suite, Apt. #, etc.
10

3. Mailing Address

2950 Lake Emma Rd
Suite, Apt. #, etc.

City & State

Incline Village, Nevada

City & State

Lake Mary, FL

4. FEI Number

59-3308472

Applied For

Not Applicable

Zip

89481

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	BORCHARDT, ROBERT H	
STREET ADDRESS	2950 LAKE EMMA RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	MONT, STUART	
STREET ADDRESS	2950 LAKE EMMA RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME	MASSOT, JOSEPH	
STREET ADDRESS	2950 LAKE EMMA RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHRISTIE, CARY	
STREET ADDRESS	9424 ETON AVE UNIT J	
CITY-ST-ZIP	CHATSWORTH CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WESSELL, JAY	
STREET ADDRESS	9241 ETON AVE UNIT J	
CITY-ST-ZIP	CHATSWORTH CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D and V only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S and V only	<input checked="" 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		

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:

Stuart Mont
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

Date

(407) 333-0900

Daytime Phone #

Stuart Mont

CR 1004 (1/00)