

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90019 010 \*\*\*550.00

**DOCUMENT # F96000002599**

**1. Entity Name**  
**ALPINE ASSETS, INC.**

**Principal Place of Business**

**6345 BALBOA BLVD  
SUITE 112  
ENCINO CA 91316  
US**

**Mailing Address**

**6345 BALBOA BLVD  
SUITE 112  
EUCINO CA 91316  
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**  
**33-0684224**

**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**

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**  
**D**  
**NAME**  
**LONG, JOHN S**  
**STREET ADDRESS**  
**300 CONTINENTAL BLVD., SUITE 360**  
**CITY-ST-ZIP**  
**EL SEGUNDO CA 90245**

**TITLE**  
**D**  
**NAME**  
**ROSENFELD, EUGENE S**  
**STREET ADDRESS**  
**300 CONTINENTAL BLVD., SUITE 390**  
**CITY-ST-ZIP**  
**EL SEGUNDO CA 90245**

**TITLE**  
**D**  
**NAME**  
**SANDLER, RICHARD V**  
**STREET ADDRESS**  
**844 MORAGA DR**  
**CITY-ST-ZIP**  
**LOS ANGELES CA 90049**

**TITLE**  
**D**  
**NAME**  
**GREEN, JEFFREY M**  
**STREET ADDRESS**  
**844 MORAGA DRIVE**  
**CITY-ST-ZIP**  
**LOS ANGELES CA 90049**

**TITLE**  
**P**  
**NAME**  
**WEBB, FRANK**  
**STREET ADDRESS**  
**6345 BALBOA BLVD #112**  
**CITY-ST-ZIP**  
**ENCINO CA 91316**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

**LOUIS KNIGHT - CFO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7.10.01**  
Date

**(418) 758-8888**  
Daytime Phone #