

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2000 8:00 am**
Secretary of State

03-02-2000 90104 017 ***150.00

DOCUMENT # F97000001583

1. Entity Name

GUCKENHEIMER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**3 LAGOON DRIVE #325
REDWOOD SHORES CA 94065****3 LAGOON DRIVE #325
REDWOOD SHORES CA 94065-5167
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

94-1695897

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 State10. 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	CEO	<input type="checkbox"/> Delete
NAME	ITCHIE, C STEWART III MD	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ITCHIE, JEANETTE S	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	CAO	<input type="checkbox"/> Delete
NAME	ITCHIE, JEANETTE S	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	COOP	<input type="checkbox"/> Delete
NAME	MACIAG, GEORGE E	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	POPE, WILLIAM R	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAPETINA, FRANK V	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. POPE**2-16-2000**

Date

650-592-3800

Daytime Phone #

CR2E034 (9/99)