

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004556

1. Entity Name

INTUIT LENDER SERVICES, INC.

FILED

00 FEB -3 PH 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2535 GARCIA AVE  
M/S 52035  
MOUNTAIN VIEW CA 94043  
US

Mailing Address  
P. O. BOX 7850  
M/S 52035  
MOUNTAIN VIEW CA 94039-7850  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 77-0462534

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

TITLE PD  
NAME REESE, CARL XX  
STREET ADDRESS C/O INTUIT INC 6220 GREENWICH DR  
CITY-ST-ZIP SAN DIEGO FL 92122 ☐ Delete

TITLE V  
NAME NYE, DANIEL T.  
STREET ADDRESS 2535 GARCIA AVENUE, M/S 2500  
CITY-ST-ZIP MOUNTAIN VIEW CA 94043 ☒ Delete

TITLE VSD  
NAME VOGT, KIM  
STREET ADDRESS C/O INTUIT INC 6220 GREENWICH DR  
CITY-ST-ZIP SAN DIEGO FL 92122 ☐ Delete

TITLE CFOT  
NAME SANTORA, GREG J  
STREET ADDRESS 2535 GARCIA AVE, M/S 52012  
CITY-ST-ZIP MOUNTAIN VIEW CA 94043 ☐ Delete

TITLE AS  
NAME COLES, VIRGINIA R ESQUIRE  
STREET ADDRESS 2535 GARCIA AVE, M/S 52026  
CITY-ST-ZIP MOUNTAIN VIEW CA 94043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Additor  
200003128682--4  
-02/09/00--01005--005  
\*\*\*158.75 \*\*\*158.75 ☐ Change

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Additor

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 of this report 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

Kimberly S. Vogt  
VP; Secretary

1/20/00

Date

858-784-1419

Daytime Phone #