

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002329

1. Entity Name

REAL 3D, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90071 049 ***158.75

Principal Place of Business

Mailing Address

2603 DISCOVERY DR
STE 100
ORLANDO FL 32825

2603 DISCOVERY DR
STE 100
ORLANDO FL 32826-3006

2. Principal Place of Business

3300 UNIVERSITY BLVD

3. Mailing Address

3300 UNIVERSITY BLVD

Suite, Apt. #, etc.

SUITE 235

Suite, Apt. #, etc.

SUITE 235

City & State

WINTER PARK, FLORIDA

City & State

WINTER PARK, FLORIDA

4. FEI Number

59-3484035

Applied For

Not Applicable

Zip

Country

32792

USA

Zip

Country

32792

USA

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 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	CP	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, GERALD W	
STREET ADDRESS	2603 DISCOVERY DR #100	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COX, BARRY	
STREET ADDRESS	2603 DISCOVERY DR #100	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANN, GARY P	
STREET ADDRESS	2603 DISCOVERY DR #100	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOLTON, DAVID A	
STREET ADDRESS	2603 DISCOVERY DR #100	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ARTHUR E	
STREET ADDRESS	2603 DISCOVERY DR #100	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACLAUCHLAN, JEFFREY	
STREET ADDRESS	2603 DISCOVERY DR #100	
CITY-ST-ZIP	ORLANDO FL 32826	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT H. PERLMAN	
STREET ADDRESS	2200 MISSION COLLEGE BLVD. MAILSTOP SC4-203	
CITY-ST-ZIP	SANTA CLARA, CA 95052	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK C. SCATENA	
STREET ADDRESS	2200 MISSION COLLEGE BLVD. MAILSTOP SC4-203	
CITY-ST-ZIP	SANTA CLARA, CA 95052	
TITLE	AT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALAVATHI SRINIVASAN	
STREET ADDRESS	2200 MISSION COLLEGE BLVD. MAILSTOP SC4-203	
CITY-ST-ZIP	SANTA CLARA, CA 95052	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARVIND SODHANI	
STREET ADDRESS	2200 MISSION COLLEGE BLVD MAILSTOP SC4-203	
CITY-ST-ZIP	SANTA CLARA, CA 95052	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY POLLEY	
STREET ADDRESS	2200 MISSION COLLEGE BLVD MAILSTOP SC4-203	
CITY-ST-ZIP	SANTA CLARA, CA 95052	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE GUNDELFINGER	
STREET ADDRESS	2200 MISSION COLLEGE BLVD MAILSTOP SC4-203	
CITY-ST-ZIP	SANTA CLARA, CA 95052	

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

2/24/00

Date

Daytime Phone #

CR2E034 (9/99)

F98000002329

827352

Real3D, Inc.
2000 Uniform Business Report (UBR)

Additional Officers

AS
Don Conant
2200 Mission College Blvd. Mailstop: SC4-203
Santa Clara, CA 95052