2000 UNIFORM BUSINESS REPORT (UBR)

06-05-2000 90023 030 ****61.25
FILED F98000002847
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 27 AM 10:49

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[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000002847

1. Entity Name
550 BILTMORE, INC.

amended

Principal Place of Business	Mailing Address
800 NEWPORT CENTER DR., STE. 300 NEWPORT BEACH CA 92660	800 NEWPORT CENTER DR., STE. 300 NEWPORT BEACH CA 92660-6315

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 33-0806524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUBBS, DAVID K 800 NEWPORT CENTER DR., STE. 300 NEWPORT BEACH CA 92660	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCWALTERS, JAMES G 800 NEWPORT CENTER DR., STE. 300 NEWPORT BEACH CA 92660	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAVANAUGH JEFFREY S. 800 NEWPORT CENTER DRIVE #300 NEWPORT BEACH CA 92660	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SULLIVAN, LAWRENCE K 800 NEWPORT CENTER DR., STE. 300 NEWPORT BEACH CA 92660	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWER, RONALD L 800 NEWPORT CENTER DR., STE. 300 NEWPORT BEACH CA 92660	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUY, CHRISTOPHER L. 800 NEWPORT CENTER DRIVE #300 NEWPORT BEACH CA 92660	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUBBS, DAVID K 800 NEWPORT CENTER DR., STE. 300 NEWPORT BEACH CA 92660	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAGSDALE, BRIAN D. 800 NEWPORT CENTER DRIVE #300 NEWPORT BEACH CA 92660	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCRUGGS, PATRICK M 800 NEWPORT CENTER DR., STE. 300 NEWPORT BEACH CA 92660	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

DB 6/27

CR2E034 (9/99)

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.

5-11-00

SIGNATURE: David Hubbs REQUIRED 1-12-00 949-219-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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