

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003085

1. Entity Name

OVERLAND TRADING COMPANY

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90209 008 ***150.00

Principal Place of Business

4961-A WINDPLAY DR.
EL DORADO HILLS CA 95762

Mailing Address

4961-A WINDPLAY DR.
EL DORADO HILLS CA 95762-9621

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

95762-9632



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3037029

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 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
KILGORE, GREGORY M
4961-A WINDPLAY DR.
EL DORADO HILLS CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DAVID L. SUECHTING JR.
4961-A WINDPLAY DR.
EL DORADO HILLS, CA 95762 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTSD
NAHMENS, DANIEL J
4961-A WINDPLAY DR.
EL DORADO HILLS CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WILKINSON, JOHN E
4961-A WINDPLAY DR.
EL DORADO HILLS CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MORGAN, DAVID T
4961-A WINDPLAY DR.
EL DORADO HILLS CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FORSBERG, WILLIAM
4961-A WINDPLAY DR.
EL DORADO HILLS CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. STORES
ALAN MALNOFSKI
4961-A WINDPLAY DR.
EL DORADO HILLS, CA 95762 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/00 (916) 933-4525

CR2E034 (9/99)