

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005271

1. Entity Name

AVE MASSACHUSETTS, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90011 030 \*\*\*150.00

Principal Place of Business

Mailing Address

3576 UNOCAL PLACE  
SANTA ROSA CA 95403

3576 UNOCAL PLACE  
SANTA ROSA CA 95403-1774

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

04-3433472

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

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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 PD ☐ Delete  
NAME SOLANO, SCOTT J  
STREET ADDRESS 3576 UNOCAL PLACE  
CITY-ST-ZIP SANTA ROSA CA 95403

TITLE DV ☒ Delete  
NAME MILLER, JOHN D  
STREET ADDRESS 3576 UNOCAL PLACE  
CITY-ST-ZIP SANTA ROSA CA 95403

TITLE SD ☒ Delete  
NAME FASSLER, LAWRENCE J  
STREET ADDRESS 3576 UNOCAL PLACE  
CITY-ST-ZIP SANTA ROSA CA 95403

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE C/D ☐ Change ☒ Addition  
NAME Arthur D. Collins, Jr.  
STREET ADDRESS 7000 Central Avenue  
CITY-ST-ZIP Minneapolis, MN 55432

TITLE V/S/D ☐ Change ☒ Addition  
NAME Ronald E. Lund  
STREET ADDRESS 7000 Central Avenue  
CITY-ST-ZIP Minneapolis, MN 55432

TITLE V/D ☐ Change ☒ Addition  
NAME Robert L. Ryan  
STREET ADDRESS 7000 Central Avenue  
CITY-ST-ZIP Minneapolis, MN 55432

TITLE V ☐ Change ☒ Addition  
NAME Andy Rasdal  
STREET ADDRESS 3576 Unocal Place  
CITY-ST-ZIP Santa Rosa, CA 95403

TITLE V/T ☐ Change ☒ Addition  
NAME Dale F. Beumer  
STREET ADDRESS 7000 Central Avenue  
CITY-ST-ZIP Minneapolis MN 55432

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

Andy Rasdal

Date

Daytime Phone #

(707) 525-0111

#177

CR2E034 (9/99)