

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005978

1. Entity Name

PEPPER TREE INN, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90105 038 \*\*\*150.00

Principal Place of Business

1275 LINCOLN AVE., STE. 7  
SAN JOSE CA 95125

Mailing Address

1275 LINCOLN AVE., STE. 7  
SAN JOSE CA 95125-3007

2. Principal Place of Business

1275 Lincoln Ave.

3. Mailing Address

1275 Lincoln Ave.

Suite, Apt. #, etc.

# 14

Suite, Apt. #, etc.

# 14

City & State

San Jose CA

City & State

San Jose, CA

Zip

95125

Country

U.S.A.

Zip

95125

Country

U.S.A.

4. FEI Number

94-1673753

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIMS, WILLIAM L JR.  
320 N. MAGNOLIA AVE., STE. A-9  
ORLANDO FL 32801

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

TITLE C  
NAME MENICUCCI, ALEXANDER  
STREET ADDRESS 14539 CARNELIAN GLEN CT.  
CITY-ST-ZIP SARATOGA CA 95070 ☐ Delete

TITLE CS  
NAME MENICUCCI, BARBARA  
STREET ADDRESS 14539 CARNELIAN GLEN CT.  
CITY-ST-ZIP SARATOGA CA 95070 ☐ Delete

TITLE DP  
NAME MENICUCCI, MARK  
STREET ADDRESS 1280 HUSTED AVE.  
CITY-ST-ZIP SAN JOSE CA 95125 ☐ Delete

TITLE DT  
NAME LEMUS, LAURA  
STREET ADDRESS 1922 HEATHERDALE DR.  
CITY-ST-ZIP SAN JOSE CA 95126 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME Lisa Menicucci  
STREET ADDRESS 218 Frankfort Ave  
CITY-ST-ZIP Huntington Beach, CA 92648 ☐ Change ☒ Addition

TITLE DT  
NAME Lemus, Laura  
STREET ADDRESS 998 Hilmar Street  
CITY-ST-ZIP Santa Clara, CA 95050 ☒ Change ☐ Addition

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

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

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

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

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:

*Laura Lemus* Laura Lemus

01-06-00

408-293-4196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # ext. 303