

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90109 049 ***150.00

0602334

DOCUMENT # F98000005978

1. Entity Name

PEPPER TREE INN, INC.

Principal Place of Business

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

Mailing Address

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

906752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

998 Hilmar St.

3. Mailing Address

P.O. Box 6330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Clara, CA

City & State

San Jose, CA

Zip

95050

Country

USA

Zip

95150

Country

USA

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, 2001 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	<input type="checkbox"/> Delete
NAME	MENICUCCI, ALEXANDER	
STREET ADDRESS	14539 CARNELIAN GLEN CT.	
CITY-ST-ZIP	SARATOGA CA 95070	
TITLE	CS	<input type="checkbox"/> Delete
NAME	MENICUCCI, BARBARA	
STREET ADDRESS	14539 CARNELIAN GLEN CT.	
CITY-ST-ZIP	SARATOGA CA 95070	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MENICUCCI, MARK	
STREET ADDRESS	1280 HUSTED AVE.	
CITY-ST-ZIP	SAN JOSE CA 95125	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEMUS, LAURA	
STREET ADDRESS	998 HILMAR STREET	
CITY-ST-ZIP	SANTA CLARA CA 95050	
TITLE	S	<input type="checkbox"/> Delete
NAME	MENICUCCI, LISA	
STREET ADDRESS	218 FRANKFORT AVE	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92648	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 M. Lemus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura M. Lemus 01/18/01 408 249-0570

Date

Daytime Phone #

CR2E034 (10/00)