

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002756

1. Entity Name

LEVCON, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90067 005 ***150.00

Principal Place of Business

Mailing Address

618 OAKLEAF OFFICE LANE
MEMPHIS TN 38117

618 OAKLEAF OFFICE LANE
MEMPHIS TN 38117-4811

2. Principal Place of Business

3. Mailing Address

1340 TREAT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUITE 200

City & State
WALNUT CREEK CA

Zip

Country

Zip
94596

Country
CONTRA COSTA

4. FEI Number

62-1020808

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) **XX**

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	PC ORRIS, DONALD C 1675 LARIMER ST. STE. 620 DENVER CO 60202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YARBERRY, LAWRENCE C 3746 MT. DIABLO BLVD., SUITE 110 LAFAYETTE CA 94549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KORN, DOUGLAS R 320 PARK AVENUE NEW YORK NY 10022	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDFEIN, GARY I 5800 E. SHEILA STREET LOS ANGELES CA 90040-2300	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELI, GERRY 1229 E. PLEASANT RUN ROAD DESOTO TX 75115-4211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D 5251 DTC PARKWAY #1000 ENGLEWOOD CO 80111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 1340 TREAT BLVD #200 WALNUT CREEK CA 94596	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYLAND, RICHARD P 8201 WEST 183RD STREET, SUITE 1 TINLEY PARK IL 60477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATTURIO, JOSEPH P 1340 TREAT BLVD #200 WALNUT CREEK CA 94596	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

J P ATTURIO

2/14/00 (925) 979-4481

Date

Daytime Phone #

CR2E034 (9/99)