

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006438

1. Entity Name

LAARS, INC., A WATER PIK TECHNOLOGIES COMPANY

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90056 032 ***150.00

Principal Place of Business

Mailing Address

660 NEWPORT CENTER DRIVE, SUITE 470
NEWPORT BEACH CA 92660

660 NEWPORT CENTER DRIVE, SUITE 470
NEWPORT BEACH CA 92660

2. Principal Place of Business

3. Mailing Address

23 Corporate Plaza

23 Corporate Plaza

Suite, Apt. #, etc.

#246

Suite, Apt. #, etc.

#246

City & State

Newport Beach, CA

City & State

Newport Beach, CA

Zip

92660

Country

U.S.

Zip

92660

Country

U.S.

4. FEI Number

52-2195614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

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	P	<input type="checkbox"/> Delete
NAME	HOOPIS, MICHAEL P	
STREET ADDRESS	660 NEWPORT CENTER DRIVE, SUITE 470	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MURDY, JAMES L	
STREET ADDRESS	1000 SIX PPG PLACE	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WALTON, JON D	
STREET ADDRESS	1000 SIX PPG PLACE	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	STREUFERT, VICTOR C	
STREET ADDRESS	660 NEWPORT CENTER DRIVE, SUITE 470	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	BOOCCOCK, STEPHEN W	
STREET ADDRESS	1000 SIX PPG PLACE	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, MARY W	
STREET ADDRESS	1000 SIX PPG PLACE	
CITY-ST-ZIP	PITTSBURGH PA 15222	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPIS, MICHAEL P.	
STREET ADDRESS	23 Corporate Plaza #246	
CITY-ST-ZIP	Newport Beach, CA. 92660	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shortt, Robert A.	
STREET ADDRESS	23 Corporate Plaza #246	
CITY-ST-ZIP	Newport Beach, CA. 92660	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bisson, Richard P	
STREET ADDRESS	23 Corporate Plaza #246	
CITY-ST-ZIP	Newport Beach, CA. 92660	
TITLE	VCFO/SD/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Streufert, Victor C.	
STREET ADDRESS	23 Corporate Plaza #246	
CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rasp, Robert T	
STREET ADDRESS	6000 Condor Drive	
CITY-ST-ZIP	Moorpark, CA. 93021	
TITLE	AT/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAIN, Sue L.	
STREET ADDRESS	6000 Condor Drive	
CITY-ST-ZIP	Moorpark, CA. 93021	

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 #

2/16/00

805 529 2000

CR2E034 (9/99)