

2000 UNIFORM BUSINESS REPORT (UBR)

0579068

DOCUMENT # **G47058**

1. Entity Name

MEDFIELD CORPORATION

FILED

00 APR 28 PH 1:51

Principal Place of Business

Mailing Address

3820 STATE STREET
SANTA BARBARA CA 93105

3820 STATE STREET
SANTA BARBARA CA 93105-3112

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4107209

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. 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 AS Delete
NAME **LARSEN, CAITLIN M**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE Change Addition
NAME
STREET ADDRESS **000003237120--5**
CITY-ST-ZIP **-05/03/00--01076--011**
******150.00** Change Addition

TITLE AT Delete
NAME **HIXON, LAWRENCE**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE Change Addition
NAME **Dennis L. Dent**
STREET ADDRESS **3820 State Street**
CITY-ST-ZIP **Santa Barbara, CA 93105**

TITLE VT Delete
NAME **MCMULLEN, TERENCE**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE Change Addition
NAME **DVS**

TITLE DPS Delete
NAME **SILVER, RICHARD B**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE Change Addition
NAME **Timothy L. Pullen**
STREET ADDRESS **13737 Noel Road**
CITY-ST-ZIP **Dallas, TX 75240**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/12/00

Date

805/563-7075

Daytime Phone #

CR2E034 (9/99)