

# 2000 UNIFORM BUSINESS REPORT (UBR)

05776

DOCUMENT # **H45399**

1. Entity Name

**REFERRAL NETWORK, INC.**

FILED

00 FEB 16 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**27271 LAS RAMBLAS  
ATTN: L. BRACKEN  
MISSION VIEJO CA 92691  
US**

Mailing Address  
**27271 LAS RAMBLAS  
ATTN: L. BRACKEN  
MISSION VIEJO CA 92691-6386  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2541359**

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

**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 **D** ☐ Delete  
NAME **ROSS, ANTHONY**  
STREET ADDRESS **6 SYLVAN WAY**  
CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **339 JEFFERSON ROAD**  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **SIMMONS, JACE**  
STREET ADDRESS **27271 LAS RAMBLAS**  
CITY-ST-ZIP **MISSION VIEJO CA**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3040 UNIVERSAL BLVD., SUITE 150**  
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **SD** ☐ Delete  
NAME **BLACKBURN, GREGORY V.**  
STREET ADDRESS **27271 LAS RAMBLAS**  
CITY-ST-ZIP **MISSION VIEJO CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**900003145209--8  
-02/23/00--01038--013  
\*\*\*\*150.00 \*\*\*\*150.00**

TITLE **T** ☐ Delete  
NAME **VOLLMANN, TADE**  
STREET ADDRESS **27271 LAS RAMBLAS**  
CITY-ST-ZIP **MISSION VIEJO CA**

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

TITLE **SVP** ☐ Delete  
NAME **LOUIS, SUZANNE M**  
STREET ADDRESS **3040 UNIVERSAL BLVD STE 150**  
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE **VP** ☐ Delete  
NAME **MICALSKI, THOMAS**  
STREET ADDRESS **27271 LAS RAMBLAS**  
CITY-ST-ZIP **MISSION VIEJO CA**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5971 CATTLERIDGE BLVD., #202**  
CITY-ST-ZIP **SARASOTA, FL 34232** **SP**

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: Tade Vollmann, Treasurer 1/25/00 (949) 367-2072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)