

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90042 003 ***550.00

0131529 AT

DOCUMENT # H45399

1. Entity Name

REFERRAL NETWORK, INC.

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
US**

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

59-2541359

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **339 JEFFERSON ROAD**
CITY-ST-ZIP **PARSIPPANY NJ 07054**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **SIMMONS, JACE**
STREET ADDRESS **3040 UNIVERSAL BLVD., STE 150**
CITY-ST-ZIP **WESTON FL 33331**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **BLACKBURN, GREGORY C**
STREET ADDRESS **27271 LAS RAMBLAS**
CITY-ST-ZIP **MISSION VIEJO CA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **VOLLMANN, TADE**
STREET ADDRESS **27271 LAS RAMBLAS**
CITY-ST-ZIP **MISSION VIEJO CA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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-ZIPTITLE **VP** ☐ Delete
NAME **MICHALSKI, THOMAS**
STREET ADDRESS **5971 CATTLEDGE BLVD., #202**
CITY-ST-ZIP **SARASOTA FL 34232**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: **Tade Vollmann, Treasurer July 10, 2001 (949) 367-2072**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H45399**

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Suite, Apt. #, etc.

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FILE COPY

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2541359**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME **P SIMMONS, JACE**
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CITY-ST-ZIP **WESTON FL 33331**

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

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

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

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

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

TITLE ☐ Delete
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STREET ADDRESS **3040 UNIVERSAL BLVD STE 150**
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE ☐ Delete
NAME **VP MICHALSKI, THOMAS**
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SIGNATURE: Tade Vollmann Tade Vollmann, Treasurer July 10, 2001 (949) 367-2072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Coldwell Banker Res Brokerage Corp
27271 Las Ramblas
Mission Viejo, CA 92691
(949) 367-2380

BankBoston
BankBoston Maine, N.A.
South Portland, ME

52-153/112

DATE 07/12/2001 CHECK NUMBER CBB00661733

PAY Five hundred fifty and no/100 Dollars Only*****

AMOUNT \$550.00**

VOID IF NOT CASHED WITHIN 180 DAYS

TO THE ORDER OF FLORIDA DEPARTMENT OF STATE

Checks over \$10,000.00 require a second signature

⑈00661733⑈ ⑆011201539⑆ 80⑈071⑈465⑈

DATE 07/12/2001 CHECK NUMBER CBB00661733

INVOICE NUMBER	INVOICE DATE	BATCH NUMBER	REMARKS	NET AMOUNT
310007090100	07/09/2001	MBB408A	H45399/FEI# 59-2541359 \$ 550.00	\$ 550.00
PRINT BATCH NUMBER 4934	VENDOR CODE NRTVN0000055	PAY TO NAME FLORIDA DEPARTMENT OF STATE	NET TOTAL	\$ 550.00

FLORIDA DEPARTMENT OF STATE



LINDA J. BRACKEN
Vice President
Legal Counsel

COLDWELL BANKER CORPORATION
27271 LAS RAMBLAS
MISSION VIEJO, CA 92691
(949) 367-2072 BUSINESS
(949) 367-2690 FAX

July 17, 2001

FLORIDA ANNUAL REPORT FILINGS
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

VIA AIRBORNE EXPRESS
(850) 488-9000

Re: REFERRAL NETWORK, INC.
(a Florida corporation)
Corporate I.D. # H45399

Gentlemen:

Enclosed for filing is the "2001 Uniform Business Report" submitted on behalf of the above corporation. Also enclosed is check #CBB00661733 in the amount of \$550.00 in payment of the proper filing fee.

Please acknowledge receipt by date-stamping the enclosed "File Copy" of this Report and returning it in the self-addressed, stamped envelope provided herein.

If you have any questions regarding the Report, please call me collect at telephone number (949) 367-2072.

Thank you for your assistance.

Sincerely,



Linda Bracken

LB:alh
enclosures