

# 2000 UNIFORM BUSINESS REPORT (UBR)

067911

**DOCUMENT # L11402**

1. Entity Name  
**P.I.A. PANAMA CITY, INC.**

**FILED**

**00 APR 14 PM 1:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business <b>3820 STATE STREET SANTA BARBARA CA 93105</b>	Mailing Address <b>C/O MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105-3112</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>58-1857939</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		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 \_\_\_\_\_ (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.  **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	<b>DVS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SILVER, RICHARD B</b>		NAME	<b>200003215342--9</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>		STREET ADDRESS	<b>-04/19/00--01101--023</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>		CITY-ST-ZIP	<b>***150.00 ***150.00</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LARSEN, CAITLIN M</b>		NAME		
STREET ADDRESS	<b>3820 STATE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>		CITY-ST-ZIP		
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MCMULLEN, TERENCE P</b>		NAME	<b>Dennis L. Dent</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>		STREET ADDRESS	<b>3820 State Street</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>		CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PULLEN, TIMOTHY L</b>		NAME		
STREET ADDRESS	<b>14001 DALLAS PKWY</b>		STREET ADDRESS	<b>13737 Noel Road</b>	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>		CITY-ST-ZIP	<b>Dallas, TX 75240</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>SP</b>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_ - Secretary Date: **4/11/00** Daytime Phone #: **805/563-7075**

CR2E034 (9/99)