

2000 UNIFORM BUSINESS REPORT (UBR)

0016566 AB

DOCUMENT # M97000000846

1. Entity Name

BAR NONE CONSUMER FINANCE, LLC

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1735 TECHNOLOGY DRIVE, SUITE 430B SAN JOSE CA 95110	Mailing Address 1735 TECHNOLOGY DRIVE, SUITE 430B SAN JOSE CA 95110-1313
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2. Principal Place of Business Suite, Apt. #, etc. Suite 420 City & State		3. Mailing Address Suite, Apt. #, etc. Suite 420 City & State	
Zip	Country	Zip	Country

4. FEI Number 77-0449471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROUSE, JAMES L 1735 TECHNOLOGY DRIVE, SUITE 430B 420 SAN JOSE CA 95110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, BRIAN S 1735 TECHNOLOGY DRIVE, SUITE 430B 420 SAN JOSE CA 95110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOCKDALE, JEFFREY K 1735 TECHNOLOGY DRIVE, SUITE 430B 420 SAN JOSE CA 95110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOERNER, ANGELIA M 1735 TECHNOLOGY DRIVE, SUITE 430B 420 SAN JOSE CA 95110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROUSE, Scott C., MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1735 Technology Drive, Suite 420 San Jose, CA 95110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARREN, Sandy & Merle, MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 990 Industrial Road, Suite 211 San Carlos, CA 94070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BATES, Connie, MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 208 Creedon Circle Alameda, CA 94502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERNARD, Charlie, MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2999 Douglas Boulevard, #315 Roseville, CA 95661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003221460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition -04/24/00--01157--016 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANGELIA M. DOERNER *Angelia M Doerner* **March 27, 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)