

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000207

1. Entity Name

PATRIOT HOLDINGS, LLC

Principal Place of Business

2175 NORTH CALIFORNIA BLVD., SUITE 1000  
WALNUT CREEK CA 94596

Mailing Address

2175 NORTH CALIFORNIA BLVD., SUITE 1000  
WALNUT CREEK CA 94596

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1862241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

000003623810--3  
-02/02/01--01016--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM TRUCHAN, JORDAN M  
STREET ADDRESS 2175 NORTH CALIFORNIA BLVD., SUITE 1000  
CITY-ST-ZIP WALNUT CREEK CA 94596 ☐ Delete

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

TITLE NAME MGRM COLLINS, JUDY L  
STREET ADDRESS 2175 NORTH CALIFORNIA BLVD., SUITE 1000  
CITY-ST-ZIP WALNUT CREEK CA 94596 ☐ Delete

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

TITLE NAME MGRM JONES, SAUNDERS A  
STREET ADDRESS 2175 NORTH CALIFORNIA BLVD., SUITE 1000  
CITY-ST-ZIP WALNUT CREEK CA 94596 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

Judy L Collins

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/01 925-296-2080

CR2E083 (11/00)

0031437 AF

FILED

01 JAN 29 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE