

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016589 AB

DOCUMENT # M99000001322

1. Entity Name

HEADLANDS ESTATES LLC

Principal Place of Business

1100 LARKSPUR LANDING CIR., STE 150  
LARKSPUR CA 94939

Mailing Address

1100 LARKSPUR LANDING CIR., STE 150  
LARKSPUR CA 94939-1868

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

68-0424673

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MEM OESTLIEN, RONDI ☐ Delete  
STREET ADDRESS 420 RIBIERA CIR  
CITY- ST- ZIP LARKSPUR CA

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 420 RIVIERA CIR  
CITY- ST- ZIP

TITLE NAME MEM PAUL, PETER ☐ Delete  
STREET ADDRESS 550 RIVIERA CIR.  
CITY- ST- ZIP LARKSPUR CA

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003186295-1  
CITY- ST- ZIP -03/28/00--01012--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
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CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

PETER PAUL, MEMBER

1/19/00

Date

Daytime Phone #

CR2E083 (9/99)

FILED  
00 MAR 10 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE