

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08610

1. Entity Name

MAXSON YOUNG ASSOCIATES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90054 007 ***150.00

Principal Place of Business

ONE SANSOME STREET
SUITE 950
SAN FRANCISCO CA 94104-4429
US

Mailing Address

ONE SANSOME STREET
SUITE 950
SAN FRANCISCO CA 94104-4429
US

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

51-0289022

Applied For

Not Applicable

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

WALTER, MIKE
2600 DOUGLAS ROAD
STE 906
CORAL GABLES FL 33134-6134

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 \$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	VD	<input type="checkbox"/> Delete
NAME	CAMPOS, ART	
STREET ADDRESS	1 S 450 SUMMIT AVE STE 370	
CITY-ST-ZIP	OAKBROOK TERRACE FL 60181-3976	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DONOVAN, JAMES J.	
STREET ADDRESS	45 W. 45TH ST., STE 1100	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MICHAEL P. WATTERS	
STREET ADDRESS	45 W. 45TH ST., STE 1100	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL A. YORK	
STREET ADDRESS	45 W. 45TH ST., STE 1100	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STAFFORD, CHRISTOPHER S.	
STREET ADDRESS	45 W. 45TH ST., STE 1100	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARGER, WILLIAM J.	
STREET ADDRESS	1220 WABASH ST.	
CITY-ST-ZIP	PASADENA CA	

TITLE	VDs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEPOLE, RAYMOND J.	
STREET ADDRESS	ONE SANSOME ST., STE 950	
CITY-ST-ZIP	SAN FRANCISCO, CA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

CHRIS STAFFORD

05/01/00

415-392-6034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)