

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90041 013 ***150.00

0628147 AT

DOCUMENT # P28894

1. Entity Name

RAPID RESPONSE ROADSERVICE MOTOR CLUB, INC.

Principal Place of Business

**ATTN: DAVID RANDELL-ACCOUNTING
 730 PASEO CAMARILLO. 2ND FLOOR
 CAMARILLO CA 93010**

Mailing Address

**ATTN: DAVID RANDELL-ACCOUNTING
 730 PASEO CAMARILLO. 2ND FLOOR
 CAMARILLO CA 93010**

2. Principal Place of Business

Attn: Doug Sheppard

3. Mailing Address

Attn: Doug Sheppard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0342040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET, SUITE 105
 TALLAHASSEE FL 32301**

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

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, 2002 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

TITLE **P** ☒ Delete
 NAME **EIDMAN, THAD**
 STREET ADDRESS **730 PASEO CAMARILLO, 2ND FL**
 CITY-ST-ZIP **CAMARILLO CA 93010**

TITLE **VCFS** ☐ Delete
 NAME **CAIN, CURTIS**
 STREET ADDRESS **730 PASEO CAMARILLO, 2ND FL.**
 CITY-ST-ZIP **CAMARILLO CA 93010**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Edward P. Stahel III**
 STREET ADDRESS **730 Paseo Camarillo, 2nd Floor**
 CITY-ST-ZIP **Camarillo, CA 93010**

TITLE **T** ☒ Change ☐ Addition
 NAME **Curtis A. Cain**
 STREET ADDRESS **730 Paseo Camarillo, 2nd Floor**
 CITY-ST-ZIP **Camarillo, CA 93010**

TITLE **V/S** ☐ Change ☒ Addition
 NAME **Mark Alavi**
 STREET ADDRESS **730 Paseo Camarillo, 2nd Floor**
 CITY-ST-ZIP **Camarillo, CA 93010**

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

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

TITLE ☐ Change ☐ 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: X *Mark Alavi* **REQUIRED** Vice President/Secretary *04/18/02* (805) 384-8600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)