

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38101

1. Entity Name

3679 WATERS AVENUE CORPORATION

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90021 036 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O PMREALTY ADVISORS, INC  
STE 300  
NEWPORT BCH CA 92660  
US

800 NEWPORT CTR. DR  
STE 300  
NEWPORT BCH CA 92660-6315  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCWALTERS, JAMES G	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	STDV	<input type="checkbox"/> Delete
NAME	SULLIVAN, LAWRENCE K.	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HUBBS, DAVID K	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWER, RONALD L	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LERCH, JEFFREY W	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAUGH, JEFFREY S.	
STREET ADDRESS	800 NEWPORT CENTER DRIVE #300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
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	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUY, CHRISTOPHER L.	
STREET ADDRESS	800 NEWPORT CENTER DRIVE #300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSH, DAVID R.	
STREET ADDRESS	800 NEWPORT CENTER DRIVE #300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

949.219.5000

Daytime Phone #

CR2E034 (9/99)