

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020906

Entity Name

TAMPA 8313 WEST HILLSBOROUGH, INC.

APPROVED  
AND  
FILED

00 MAY -1 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|   |   |  |  |
|---|---|--|--|
| Principal Place of Business<br>3820 STATE STREET<br>SANTA BARBARA CA 93105<br>US  |   | Mailing Address<br>3820 STATE STREET<br>SANTA BARBARA CA 93105-3112<br>US  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State  |   | City & State   |  |
| Zip   | Country   | Zip  | Country  |
| 4. FEI Number<br>75-2529115   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/><br>(See criteria on back)  |   | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State               |  |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>   |   | \$5.00 May Be Added to Fees  |  |
| 11. OFFICERS AND DIRECTORS  |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVS<br>SILVER, RICHARD B<br>3820 STATE STREET<br>SANTA BARBARA CA 93105 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 500003264575-1<br>-05/24/00--01010--022<br>****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>FOCHT, MICHAEL H.<br>3820 STATE STREET<br>SANTA BARBARA CA 93105 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | EVP<br>MACKEY, THOMAS B.<br>3820 STATE STREET<br>SANTA BARBARA CA 93105 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPT<br>MCMULLEN, TERENCE P.<br>3820 STATE STREET<br>SANTA BARBARA CA 93105 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Dennis L. Dent<br>3820 State Street<br>Santa Barbara, CA 93105 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | EVP<br>SMITH, W. RANDOLPH<br>14001 DALLAS PARKWAY, STE. 200<br>DALLAS TX <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>LARSEN, CATLIN H<br>3820 STATE STREET<br>SANTA BARBARA CA 93105 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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: <i>Catlin H Larsen</i>   |   | Asst. Secretary 4/10/00 805/563-7075   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #   |  |

CR2E034 (9/99)