

2000 UNIFORM BUSINESS REPORT (UBR)

0579115

APPROVED
AND
FILED

00 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060622

1. Entity Name

ORNDA OF SOUTH FLORIDA HOLDINGS, INC.

Principal Place of Business

Mailing Address

% MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105

% MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105-3112

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

65-0482175

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

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324

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 P
NAME FOCHT, MICHAEL H SR
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105 ☒ Delete

TITLE P
NAME Thomas B. Mackey
STREET ADDRESS 3820 State Street
CITY-ST-ZIP Santa Barbara, CA 93105 ☐ Change ☒ Addition

TITLE VSD
NAME SILVER, RICHARD B
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete

TITLE
NAME
STREET ADDRESS 000003264570--7
CITY-ST-ZIP -05/24/00--01010--018

TITLE VCFO
NAME FETTER, TREVOR
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105 ☒ Delete

TITLE
NAME
STREET ADDRESS ****150.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME MCMULLEN, TERENCE P
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105 ☒ Delete

TITLE T
NAME Dennis L. Dent
STREET ADDRESS 3820 State Street
CITY-ST-ZIP Santa Barbara, CA 93105 ☐ Change ☒ Addition

TITLE AS
NAME LARSEN, CAITLIN M
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Caitlin Larsen*

Asst. Secretary

4/11/00 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED