

# 2001 UNIFORM BUSINESS REPORT (UBR)

0562369

**DOCUMENT # P95000060625**

1. Entity Name  
**ORND A FMC, INC.**

**FILED**  
01 APR 17 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3820 STATE STREET SANTA BARBARA CA 93105</b>	Mailing Address <b>C/O MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105</b>
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>65-0638327</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	---------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	-----	---------	---

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (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, 2001 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MACKEY, THOMAS B</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>SILVER, RICHARD B</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>LARSEN, CAITLIN M</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DENT, DENNIS L</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Steigman, Donald S.</b>	
STREET ADDRESS	<b>500 W Cypress Creek Road</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33309</b>	
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: Caitlin Larsen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/11/01 Daytime Phone #: 805-563-7075

CR2E034 (10/00)