

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048077

1. Entity Name

TIERRA VISTA SAHP CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90085 004 ***150.00

Principal Place of Business

Mailing Address

C/O MICHAEL FOWLER, SUNAMERICA INC
1 SUNAMERICA CENTER, CENTURY CITY
LOS ANGELES CA 90067-6022

% VIRGINIA PUZON/LEGAL DEPT
1 SUNAMERICA CENTER
LOS ANGELES CA 90067-6022

2. Principal Place of Business

1 SUNAMERICA CENTER

Suite, Apt. #, etc.

3. Mailing Address

1 SUNAMERICA CENTER

Suite, Apt. #, etc.

City & State

Los Angeles, CA

Zip
90067

Country

U.S.A

City & State

Los Angeles, CA 90067

Zip

90067-6022

Country

U.S.A

4. FEI Number

58-2326291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 applicable.

(NOTE: Registered Agent signature required when reconstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	AS PUZON, VIRGINIA N 1 SUNAMERICA CENTER LOS ANGELES CA 90067-6022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TILLIS, SCOTT N 1 SUNAMERICA CENTER LOS ANGELES CA 90067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTROB, JAY S. 1 SUNAMERICA CENTER LOS ANGELES CA 90067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLER, MICHAEL L. 1 SUNAMERICA CENTER LOS ANGELES CA 90067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PROOST, ROBERT L. 1 SUNAMERICA CENTER LOS ANGELES CA 90067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL FOWLER

4/24/01

(310) 772-6000

Date

Daytime Phone #

CR2E034 (10/00)