

2001 UNIFORM BUSINESS REPORT (UBR)

0592318

DOCUMENT # P98000057440

1. Entity Name

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 17 PM 2:00

A standard linear barcode is located at the bottom of the page, spanning most of the width. It is used for tracking and identification of the journal issue.

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------|---|---------|--|------------|
| Principal Place of Business 3820 STATE ST. SANTA BARBARA CA 93105 | | Mailing Address C/O MARY H. YUMIBE 3820 STATE ST. SANTA BARBARA CA 93105 | | 01 APR 17 PM 2:00 | |
| 2. Principal Place of Business | | 3. Mailing Address | |  DO NOT WRITE IN THIS SPACE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number | 75-2771920 |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | 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, 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 | P RICHARDSON, DAVID A 3159 ROYAL DRIVE ALPHARETTA GA 30022 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8000041369 <input type="checkbox"/> Change <input type="checkbox"/> Addition -05/04/01--01086--022 ****150.00 ****150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA CA 93105 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DENT, DENNIS L 3820 STATE STREET SANTA BARBARA CA 93105 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA CA 93105 | <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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:

receiver or trustee empowered to execute this report
ment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

411 DT

805-563-7075

Date

Daytime Phone #

CR2E034 (10/00)