## **2000 UNIFORM BUSINESS REPORT (UBR)**

				1	<u>-,</u>					
DOCUMENT # \$18445						FILED				
NORTH RIDGE PARTNERS, INC.										
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Principal Place of Business Mailing Address						00 APR 17 AM 11: 42				
3820 STATE STREET		C/O MARY H. YUMIBE				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
SANTA BARBARA CA 93105		3820 STATE STREET				TALLAHASSEE. FLORIO				
US		SANTA BARBARA CA 93105-	3112		-					
2. Principal Place of Business		3. Mailing Address				DO NOT WRITE IN THIS SPACE				
		l								
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State			+	4. FEI Number	<b>70 0005000</b>		Applie	ed For
						76-0325092		Not A	pplicable	
Zip Country		Zip . Country		}	5. Certificate of	Status Desired		5 Additio	nal	
	6. Name and Address of Current R	egistered Agent	_	<del></del> -		7. Name and Ad	Idress of New Reg			
				Name						
CT CORPORATION SYSTEM				Street Ad	dress (P.0	O. Box Number is	Not Acceptable)			
	) South Pine Island Road Ntation FL 33324			<u> </u>						
FLAI	NIATION FE 33324			0.1				<u> </u>	. 0-1-	
				City		FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	ed office or i	registered	d agent, or both, i	n the State of Florid	ia.		
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered	d Agent signatur	re required wh	nen reinstating)	· <u>-</u>	DATE		
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!	! FEE	IS \$150.0	0	40 51		-1	<b></b>	
Tax filing requirement and elects to do so.  After MAY 1, 200			00 Fee	will be \$5	50.00	Trust F	on Campaign Finar Fund Contribution,	ncing	\$5.00 Added to	
		Make Check Payabl		epartment	of State		IANGES TO OFFICE	COC AND DIDE	CTOPC IA	1 4 4
11.	OFFICERS AND D	Delete	12.			ADD/HONS/CH	IANGES TO OFFIC			Addition
NAME	SILVER, RICHARD B	25000	NAME	E				<u>-</u> -	• -	
STREET ADDRESS	3820 STATE STREET			ET ADDRESS ( - ST-ZIP						
CITY-ST-ZIP TITLE	SANTA BARBARA CA 93105	Delete	TITLE						hange 🗜	Addition
NAME	FOCHT, MICHAEL H. SR.	L-X Detete	NAME	L.	P C14:	fford J.	Raner	۰	rango X	
STREET ADDRESS	3820 STATE STREET			ET ADDRESS		7 N. Dixi				
CITY-ST-ZIP	SANTA BARBARA CA 93105		╂	-ST-ZIP	_For	t Lauderd	a <del>le, F</del> L—3	3334	hange F	Addition
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STREET ADDRESS	2011 PALOMAR AIRPORT RD.		•	ET ADDRESS			00032; -04/25/0			
CITY-ST-ZIP	CARLSBAD CA 92009		+-	-ST-ZIP			****150.		*150.0	
	<del></del>	=1	TITLE		$\mathbf{T}$				hange [	x Addition
TITLE	VPT	<b>□x</b> Delete	TITLE	ľ	Don	nic I Do	nt			
TITLE NAME STREET ADDRESS	VPT MCMULLEN, TERENCE P.	<b>★</b> Delete	NAME	ľ		nis L. De O State S	=			
NAME	VPT		NAME STREE		382	nis L. De O State S ta Barbar	treet	05		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #