

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002261

1. Entity Name

LOMA LINDA UNIVERSITY, A CALIFORNIA CORPORATION

Principal Place of Business

Mailing Address

11145 ANDERSON ST. RM 203  
LIMA LINDA CA 92354

11145 ANDERSON ST. RM 203  
LIMA LINDA CA 92354-2839

2. Principal Place of Business

3. Mailing Address

Office of Legal Counsel

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loma Linda

City & State

Loma Linda, CA

4. FEI Number

95-1816009

Applied For

Not Applicable

Zip

Country

Zip

Country

92350

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEAL, ROBERT C  
1362 FOXFIRE DRIVE  
APOPKA FL 32712

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BEHRENS, B L	
STREET ADDRESS	25329 HURON STREET	
CITY-ST-ZIP	LOMA LINDA CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BULL, BRIAN S	
STREET ADDRESS	24489 BARTON ROAD	
CITY-ST-ZIP	LOMA LINDA CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHEATHAM, W A	
STREET ADDRESS	11544 ACACIA STREET	
CITY-ST-ZIP	LOMA LINDA CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	PURSLEY, DONALD G	
STREET ADDRESS	11565 RICHMONT ROAD	
CITY-ST-ZIP	LOMA LINDA CA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BROOKS, ROY E	
STREET ADDRESS	7019 DOVER COURT	
CITY-ST-ZIP	HIGHLAND CA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FROST, ROBERT W	
STREET ADDRESS	24928 LAWTON AVENUE	
CITY-ST-ZIP	LOMA LINDA CA	

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard A. Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 2000

(909) 558-452

Date

Daytime Phone #

FILED  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90042 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE