

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90213 003 \*\*\*550.00

00080148



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000051299**

1. Entity Name  
**ORMONDE PRESENTATIONS, INC.**

Principal Place of Business  
**27412 CALLE ARROYO  
 SAN JUAN CAPISTRANO CA 92675**

Mailing Address  
**27412 CALLE ARROYO  
 SAN JUAN CAPISTRANO CA 92675**

2. Principal Place of Business  
**27123 CALLE ARROYO**

3. Mailing Address  
**27123 CALLE ARROYO**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**SAN JUAN CAPISTRANO, CA**

City & State  
**SAN JUAN CAPISTRANO, CA**

4. FEI Number **59-3462783**

Applied For  
 Not Applicable

Zip **92675** Country **USA**

Zip **92675** Country **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**

**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE FL 32301**

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.

SAN JUAN CAPISTRANO CA 92675

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ORMONDE, STEVE 27412 CALLE ARROYO SAN JUAN CAPISTRANO CA 92675</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO ORMONDE, STEVE 27412 CALLE ARROYO SAN JUAN CAPISTRANO CA 92675</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ORMONDE, STEVE 27412 CALLE ARROYO SAN JUAN CAPISTRANO CA 92675</b>	<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"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Signature*

**(949) 234 0008**

Date

Daytime Phone #

CPFE034 (500)