

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90003 038 ****61.25

DOCUMENT # 718013

1. Entity Name
POINTE TOWERS CONDOMINIUM, INC.

Principal Place of Business Mailing Address
% MRS. LORETTA PREDMORE **% MRS. LORETTA PREDMORE**
555 GULF WAY #6-S **555 GULF WAY #6-S**
PASS-A-GRILLE FL 33706 **PASS-A-GRILLE FL 33706-4319**

C0031663



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1834597 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MIDYETTE, WILLIAM M III
2012 S. FLA AVENUE
LAKELAND FL 33803

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	PREDMORE, JOHN W	
STREET ADDRESS	555 GULF WAY #2 SOUTH	
CITY-ST-ZIP	PASS-A-GRILLE FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARNAGE, ISAAC W	
STREET ADDRESS	5707 ROSS CREEK RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREDMORE, LORETTA	
STREET ADDRESS	555 GULF WAY #6 SOUTH	
CITY-ST-ZIP	PASS-A-GRILLE FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIDYETTE, WILLIAM	
STREET ADDRESS	422 MORINGSIDE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, PHILIP	
STREET ADDRESS	555 GULF WAY, #5N	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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		
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		

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John W. Predmore* **John W. Predmore** 1/10/00 360-7565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)