

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90385 028 ***150.00

00041140



DO NOT WRITE IN THIS SPACE

DOCUMENT # 598695

1. Entity Name

PINECREST ON LOTELA, INC.

Principal Place of Business

Mailing Address

2250 S. LITTLE LAKE BONNETT RD
 AVON PARK FL 33825

2250 S LITTLE LAKE BONNETT ROAD
 AVON PARK FL 33825-9364
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1870437

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HALL, STEVE
 790 DUNCHRIS DR
 AVON PARK FL 33825

Name

TERRY McCormick

Street Address (P.O. Box Number is Not Acceptable)

2250 S. LITTLE LAKE BONNETT RD

City

AVON PARK

FL

Zip Code

33825

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.

TERRY McCormick BB MGR

DATE

4/17/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Delete
NAME	PHILLIPS, OE	
STREET ADDRESS	1351 TALBOT CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D VP	<input type="checkbox"/> Delete
NAME	BUTLER, JOE	
STREET ADDRESS	3706 VILLA BELLA DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HALL, STEVE	
STREET ADDRESS	790 DUNCHRIS DR	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, CHRIST	
STREET ADDRESS	2501 FAIRMOUNT DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCORMICK, TERRY	
STREET ADDRESS	BX 7068	
CITY-ST-ZIP	AVON PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOUCHARD, DICK	
STREET ADDRESS	6218 MATANZAS DR	
CITY-ST-ZIP	SEBRING FL 33872	

TITLE	PALMER, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1957 LAKE LOTELA DR	
STREET ADDRESS	AVON PARK, FL 33825	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RUTH	
STREET ADDRESS	1334 LAKE LOTELA DR	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRULE, PAUL	
STREET ADDRESS	124 KAROLA DR	
CITY-ST-ZIP	SEBRING FL 33970	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Butler V.P.

Date

Daytime Phone #

4/17/00 863-4537555

CR2E034 (9/99)