

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 598695**1. Entity Name  
PINECREST ON LOTELA, INC.

## Principal Place of Business

2250 S. LITTLE LAKE BONNETT RD

AVON PARK  
33825

FL

## Mailing Address

2250 S LITTLE LAKE BONNETT ROAD

AVON PARK  
33825

US

FL

## 2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 4. FEI Number

59-1870437

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

RHOADES CLIFFORD R  
227 NORTH RIDGEWOOD DRIVESEBRING  
33870

FL

US

## 7. Name and Address of New Registered Agent

Name

PALMER ROBERT P

Street Address (P.O. Box Number is Not Acceptable)  
1957 LAKE LOTELA DRIVECity  
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 **ROBERT P. PALMER**

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

(NOTE: Registered Agent signature required when reinstating)

01/27/2001

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 \$150.00****After MAY 1, 2001 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

TITLE	S	<input type="checkbox"/> Delete
NAME	BOUCHARD DICK	
STREET ADDRESS	6218 MATANZAS DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCORMICK TERRY	
STREET ADDRESS	BX 7068	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBURNE PAUL	
STREET ADDRESS	124 KAROLA DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH RUTH	
STREET ADDRESS	1334 LAKE LOTELA DRIVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUTLER JOE	
STREET ADDRESS	3706 VILLA BELLA DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	P	<input type="checkbox"/> Delete
NAME	PHILLIPS OE	
STREET ADDRESS	1351 TALBOT CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	

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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBRULE PAUL	
STREET ADDRESS	124 KAROLA DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY JAMES W	
STREET ADDRESS	98 LAKE SEBRING DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH RUTH	
STREET ADDRESS	1334 LAKE LOTELA DRIVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD RICHARD	
STREET ADDRESS	6218 MATANZAS DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER ROBERT P	
STREET ADDRESS	1957 LAKE LOTELA DRIVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER JOSEPH	
STREET ADDRESS	3706 VILLA BELLA DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	

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: **ROBERT P. PALMER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T

01/27/2001

Date

Daytime Phone #

CR2E034 (11/00)

**CHARLIE HANSEN, DIRECTOR**  
**785 LAKE LOTELA DRIVE**  
**AVON PARK, FL 33825**