## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **736382** Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** THE PINNACLE APARTMENTS, INC. A CONDOMINIUM 03-20-2000 90018 027 \*\*\*\*61.25 Principal Place of Business Mailing Address 3001 EXECUTIVE DR 4141 BAYSHORE BLVD **TAMPA FL 33611** CLEARWATER FL 33762-3389 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1672769 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PIONEER WESTERN FINANCIAL CORPORATION D/B/A CONDOMINIUM ASSOCIATES 30001 EXECUTIVE DR #260 City Zip Code CLEARWATER FL 33762 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. サブト Addition ☐ Delete TITLE TITLE HAUER ANGIE SIMMONS, WILLIAM G NAME NAME 4141 BAYSHORE BLVD # 402 STREET ADDRESS STREET ADDRESS 4141 BAYSHORE BLVD #1205 CITY-ST-ZIP CITY-ST-7IP TAMPA, FL 33611 **TAMPA FL 33611** Addition ☐ Change TITLE ag <del>ar</del> ☐ Delete TITLE SD DORRY GODWIN NAME GRIMALDI. ANTHONY NAME 4141-BAYSHORE BLUD # 2001 STREET ADDRESS STREET ADDRESS 4141 BAYSHORE BLVD. #2002 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33611 TAMPA FL 33611 ☐ Change Addition TITLE SD-D ☐ Delete TITLE CHRIS HOLT - BROWN NAME EICHELBERGER, FRITZ NAME 4141 BAYSHORE BLVD # 206 4141 BAYSHORE BLVD #501 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33611 Change Addition TITLE <del>-PD-</del> Delete TITLE SCHWARTZ, GLADYS NAME NAME STREET ADDRESS STREET ADDRESS 4141 BAYSHORE BLVD., #601 CITY-ST-ZIP CITY-ST-7/P TAMPA FL 33611 TITLE D ☐ Change Addition Delete NAME LEEP, JANE STREET ADDRESS STREET ADDRESS 4141-BAYSHORE BLVD #1902 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33611 Change ■ Addition TITLE TITLE. Delete NAME VELASQUEZ, ALEC NAME STREET ADDRESS 4T41 BAYSHORE BLVD #1104 CITY-ST-ZIP 7!P TAMPA FL 33611

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 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—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

2)29,00 (813)83707