

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001826

1. Entity Name

PMREALTY ADVISORS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90223 045 ***150.00

Principal Place of Business

SUITE 300
800 NEWPORT CENTER DRIVE
NEWPORT BEACH CA 92660

Mailing Address

700 NEWPORT CENTER DRIVE
ATTN: CORPORATE TAX
NEWPORT BEACH CA 92660-6307
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0045226

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
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.

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 \$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 SD ☐ Delete
NAME AUDREY L. MILFS
STREET ADDRESS 700 NEWPORT CENTER DRIVE
CITY-ST-ZIP NEWPORT BEACH CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SUTTON, THOMAS C
STREET ADDRESS 700 NEWPORT CENTER DR
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME GLENN S. SCHAFER
STREET ADDRESS 700 NEWPORT CENTER DRIVE
CITY-ST-ZIP NEWPORT BEACH CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MDD ☐ Delete
NAME MCWALTERS, JAMES G
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME WIRTHLIN, R L
STREET ADDRESS 700 NEWPORT CENTER DR
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MDD ☐ Delete
NAME SULLIVAN, LAWRENCE K
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE ☐ Change ☐ 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:

Audrey L. Milfs
AUDREY L. MILFS, SECRETARY

4/04/2000

Date

Daytime Phone #

CR2E034 (9/99)