

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001171

1. Entity Name

COMMONWEALTH PALM COAST CORPORATION

**FILED**  
Feb 19, 2000 8:00 am  
Secretary of State

02-19-2000 90021 032 \*\*\*150.00

Principal Place of Business

% HARBORSIDE INN  
300 CLUBHOUSE DR  
PALM COAST FL 32137  
US

Mailing Address

% LOWE ENTERPRISES INC  
11777 SAN VICENTE BLVD #900  
LOS ANGELES CA 90049-5084  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4566556

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

CORPORATION SERVICE COMPANY  
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          | D                           | <input type="checkbox"/> Delete            |
| NAME           | GILBERT, PETER M            |                                            |
| STREET ADDRESS | 30 N 3RD ST-5TH FLR         |                                            |
| CITY-ST-ZIP    | HARRISBURG PA 17101         |                                            |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | KALMAN, DAVID J             |                                            |
| STREET ADDRESS | 30 N 3RD ST-5TH FLR         |                                            |
| CITY-ST-ZIP    | HARRISBURG PA 17101         |                                            |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | DONLEVY, FRANCIS J          |                                            |
| STREET ADDRESS | 30 N 3RD STREET, 5TH FLOOR  |                                            |
| CITY-ST-ZIP    | HARRISBURG PA               |                                            |
| TITLE          | P                           | <input type="checkbox"/> Delete            |
| NAME           | LEARY, THEODORE M JR        |                                            |
| STREET ADDRESS | 11777 SAN VICENTE BLVD #900 |                                            |
| CITY-ST-ZIP    | LOS ANGELES CA 90049        |                                            |
| TITLE          | CFOV                        | <input type="checkbox"/> Delete            |
| NAME           | DEL FRANCO, PETER A         |                                            |
| STREET ADDRESS | 11777 SAN VICENTE BLVD #900 |                                            |
| CITY-ST-ZIP    | LOS ANGELES CA 90049        |                                            |
| TITLE          | S                           | <input checked="" type="checkbox"/> Delete |
| NAME           | KENYON, BETTY J             |                                            |
| STREET ADDRESS | 11777 SAN VICENTE BLVD #900 |                                            |
| CITY-ST-ZIP    | LOS ANGELES CA 90049        |                                            |

|                |                                    |                                                                              |
|----------------|------------------------------------|------------------------------------------------------------------------------|
| 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    |                                    |                                                                              |
| TITLE          | S                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Leanne Talmage                     |                                                                              |
| STREET ADDRESS | 11777 San Vicente Blvd., Suite 900 |                                                                              |
| CITY-ST-ZIP    | Los Angeles, CA 90049              |                                                                              |

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:

*Leanne Talmage*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 2000

Date

310-571-4345

Daytime Phone #