2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003388

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name PACIFIC SHORE FUNDING ✓

Principal Place of Business
23101 LAKE CENTER DR. #200
LAKE FOREST, CA. 92630

Mailing Address 23101 LAKE CENTER DR. #200
LAKE FOREST, CA. 92630

8/01/00 90002 011 #101.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
23101 LAKE CENTER DR.	23101 LAKE CENTER DR.
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: LAKE FOREST CA	City & State: LAKE FOREST CA.
Zip: 92630 Country: U.S.	Zip: 92630 Country:

4. FEI Number 33-0352433 ☐ Applied For ☐ Not Applicable

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOS EDWARD F. EATON 626A CLUBHOUSE DRIVE NEWPORT BEACH, CA. 92336	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRY WOLFE 22391 BAYBERRY MISSION VIEJO, CA. 92692.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHRIS LOMBARDI 31981 VIA PAVO REAL COTO DE CAZA, CA. 92679	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D / CEO ANTHONY PALLANTE 31202 VIA COLINAS COTO DE CAZA, CA. 92679	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROBIN G. GROE 14 BIG DIPPER COURT NEWPORT BEACH, CA. 92336	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DALE A. MARTIN 5 MARSEILLE LAGUNA NIGUEL, CA. 92677	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LPO DOREEN R. CAUGHMAN 255 AVENUE MONTALVO SAN CLEMENTE, CA. 92692	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCF FINANCE CI-LIN-KO 34 DEWEY IRVINE CA 92620	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] Robin Groe 7-19-00 800-229-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/4