2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003388

1. Entity Name PACIFIC SHORE FUNDING

FILED
00 AUG -4 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 900002 011 #61.25
DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
23101 LAKE CENTER DR.
Suite, Apt. #, etc.
200
City & State
LAKE FOREST CA.
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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASEE FL. 32301

7. Name and Address of New Registered Agent
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	CEOS ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	EDWARD FEATON	NAME	TERRY WOIFE
STREET ADDRESS	626A CLUBHOUSE DRIVE	STREET ADDRESS	22391 BAY BERRY
CITY-ST-ZIP	NEWPORT BEACH, CA. 92336	CITY-ST-ZIP	MISSION VIEJO, CA. 92692.
TITLE	PD ☒ Delete	TITLE	D / CEO ☐ Change ☒ Addition
NAME	CHRIS LOMBARDI	NAME	ANTHONY PALLANTE
STREET ADDRESS	31981 VIA PAVO REAL	STREET ADDRESS	31202 VIA COLINAS
CITY-ST-ZIP	COTO DE CAZA, CA. 92679	CITY-ST-ZIP	COTO DE CAZA, CA. 92679
TITLE	V ☐ Delete	TITLE	S ☐ Change ☒ Addition
NAME	ROBIN G. GROE	NAME	DALE A. MARTIN
STREET ADDRESS	14 BIG DIPPER COURT	STREET ADDRESS	5 MARSEILLE
CITY-ST-ZIP	NEWPORT BEACH, CA. 92336	CITY-ST-ZIP	LAGUNA NIGUEL, CA. 92677
TITLE	LPO ☐ Delete	TITLE	VP OF FINANCE ☐ Change ☒ Addition
NAME	DOREEN R. CAUGHMAN	NAME	LI-LIN-K-O
STREET ADDRESS	255 AVENUE MONTALVO	STREET ADDRESS	34 DEWEY
CITY-ST-ZIP	SAN CLEMENTE, CA. 92692	CITY-ST-ZIP	IRVINE CA 92620
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

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