

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46319

1. Entity Name

PEARL APARTMENTS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90337 025 ***150.00

Principal Place of Business

4949 E. ANNA-JO DRIVE
INVERNESS FL 34452

Mailing Address

4949 E. ANNA-JO DRIVE
INVERNESS FL 34452

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2763467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANCOURT, PAULINE
6020 E. TENISON STREET
INVERNESS FL 34452

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-stat'ng)

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	RANCOURT, DANIEL	
STREET ADDRESS	RT114	
CITY - ST - ZIP	CANAAN VT	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	RANCOURT, PAULINE	
STREET ADDRESS	6020 E TENISON ST	
CITY - ST - ZIP	INVERNESS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCBRIDE, JANE	
STREET ADDRESS	540 GENTIAN ROAD	
CITY - ST - ZIP	ST. AUGUSTINE FL 32086	
TITLE	SVTD	<input checked="" type="checkbox"/> DELETE
NAME	RANCOURT, VIRGINIA	
STREET ADDRESS	302 FERN HOLLOW RD	
CITY - ST - ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P/T/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANCOURT, PAULINE	
STREET ADDRESS	6020 E. TENISON ST	
CITY - ST - ZIP	INVERNESS, FL 34452	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANCOURT, VIRGINIA	
STREET ADDRESS	302 FERN HOLLOW RD	
CITY - ST - ZIP	TALLAHASSEE, FL 32303	
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		

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.

Pauline Rancourt

SIGNATURE:

Pauline Rancourt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01

352-344-5519

CR2E034 (10/00)