

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J62821

1. Entity Name

PINNACLE INVESTMENT PARTNERS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90088 035 ***150.00

Principal Place of Business

Mailing Address

% J. CHARLES GRAY
201 E. PINE STREET, SUITE 1200
ORLANDO FL 32801

% J. CHARLES GRAY
201 E. PINE STREET, SUITE 1200
ORLANDO FL 32801-2725

2. Principal Place of Business

36 S. US Highway 17-92

3. Mailing Address

36 S. US Highway 17-92

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

DEBARY FL

City & State

ORANGE CITY FL

Zip
32713

Country
USA

Zip
32713

Country
USA

4. FEI Number

59-2803412

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

GRAY, J. CHARLES
201 E. PINE STREET
SUITE 1200
ORLANDO FL 32801

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 PD
NAME GRAY, JOHN C JR
STREET ADDRESS 36 S US HWY 17 - 92, STE 100
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

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

TITLE DVST
NAME GRAY J CHARLES
STREET ADDRESS 201 E PINE ST
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

John C. Gray Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. GRAY JR. 3/13/00

Date

407-668-6600

Daytime Phone #

CR2E034 (9/99)