

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2002 8:00 am
Secretary of State

04-05-2002 90002 027 ***150.00

DOCUMENT # J62821

1. Entity Name

PINNACLE INVESTMENT PARTNERS, INC.

Principal Place of Business

Mailing Address

**180 TREEMONTE DRIVE
ORANGE CITY FL 32763**

**180 TREEMONTE DRIVE
ORANGE CITY FL 32763**

2. Principal Place of Business

301 E Pine St

Suite 1400

Orlando FL

32801

Country

3. Mailing Address

301 E Pine St

Suite 1400

Orlando FL

32801

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name

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

**301 E Pine St
Suite 1400**

Orlando

FL

Zip Code

32801

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

** Charles Gray*

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, 2002 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: **PD**
NAME: **GRAY, JOHN C JR**
STREET ADDRESS: **180 TREEMONTE DRIVE**
CITY-ST-ZIP: **ORANGE CITY FL 32763**
☒ Delete

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: **PDVST**
NAME: **Gray J Charles**
STREET ADDRESS: **301 E Pine St Suite 1400**
CITY-ST-ZIP: **Orlando FL 32801**
☒ Change ☐ Addition

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

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

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

Date

Daytime Phone #

407-843-8880

CR2E034 (9/01)