

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010071

1. Entity Name
PACIFIC FUNDING GROUP, LLC

FILED

01 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15 SOUTH BOULEVARD
SARASOTA FL 34236

Mailing Address

15 SOUTH BOULEVARD
SARASOTA FL 34236



MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15 South Blvd of the
Presidents
Suite, Apt. #, etc.

3. Mailing Address

40 Pacific Capital Mortgage
350 Ignacio Blvd
Suite, Apt. #, etc.

City & State
Sarasota FL

City & State
Novato FL

4. FEI Number
65-1087509

Applied For
Not Applicable

Zip
34236

Country
USA

Zip
94949

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKOKOS, PETER Z
1819 MAIN STREET, SUITE 610
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
Coleman, Russell D
Street Address (P.O. Box Number is Not Acceptable)
15 South Blvd of the Presidents
City
Sarasota FL Zip Code
34236

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004274812--7
-05/21/01--01183--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COAST TO COAST, LLC
15 SOUTH BOULEVARD OF THE PRESIDENTS
SARASOTA FL 34236 ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0032759 SP