

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90063 014 \*\*\*150.00

**DOCUMENT # L61054**

1. Entity Name

**PNC REALTY HOLDING CORP. OF FLORIDA**

Principal Place of Business

Mailing Address

**249 FIFTH AVENUE  
 21ST FLOOR  
 PITTSBURGH PA 15222-2707**

**249 FIFTH AVENUE  
 21ST FLOOR  
 PITTSBURGH PA 15222-2707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**25-1626843**

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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	<input type="checkbox"/> Delete
NAME	PAISELY, THOMAS E III	
STREET ADDRESS	249 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15222-2707	
TITLE	T	<input type="checkbox"/> Delete
NAME	EVANS, LYNN FOX	
STREET ADDRESS	249 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15222-2707	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIBATTISTA, VICTOR M	
STREET ADDRESS	249 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15222-2707	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOBDELL, LEWIS	
STREET ADDRESS	249 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15222-2707	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAULSON, GARY JAY	
STREET ADDRESS	249 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15222-2707	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRUNO, JUDY A	
STREET ADDRESS	249 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15222-2707	

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	
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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.

SIGNATURE:

*Victor M. DiBattista*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Victor M. DiBattista**

1/1/00  
 Date

412-762-3881  
 Daytime Phone #

CR2E034 (9/99)