

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/17/00

DOCUMENT # N98000002958

1. Entity Name

PORTOFINO AT PENSACOLA BEACH, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90063 001 \*\*\*245.00

Principal Place of Business

Mailing Address

C/O JAMES S. CAMPBELL, ESQ.  
 3 WEST GARDEN STREET 7TH FLOOR  
 PENSACOLA FL 32501

C/O JAMES S. CAMPBELL, ESQ.  
 3 WEST GARDEN STREET 7TH FLOOR  
 PENSACOLA FL 32501-5641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3635495

☒ Applied For☐ Not Applicable5. 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

LOKMANYA, INC.  
 C/O PACIFIC PHOTOCOPY & RESEARCH SERVICE  
 1018 THOMASVILLE ROAD STE B-200  
 TALLAHASSEE FL 32303

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LEVIN, ALLEN R 2200 VIA DELUNA DRIVE PENSACOLA BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>
D LEVIN, TERESA 2200 VIA DELUNA DRIVE PENSACOLA BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>
D RINKE, ROBERT L 2200 VIA DELUNA DRIVE PENSACOLA BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**NOTARIAL SIGNATURE REQUIRED**

Allen R. Levin, President

2/10/00

850-916-9850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)