

2000 UNIFORM BUSINESS REPORT (UBR)

2/17/00

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

02-17-2000 90063 001 ***245.00

DOCUMENT # N98000002958

1. Entity Name

PORTOFINO AT PENSACOLA BEACH, INC.

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



DO NOT WRITE IN THIS SPACE

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

59-3635495

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

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

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

(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)