

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 C/O JAMES S. CAMPBELL ESQ. 3 WEST GARDEN STREET 7TH FLOOR PENSACOLA FL 32501	Mailing Address 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		4. FEI Number 59-3635495		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent LOKMANYA, INC. C/O PACIFIC PHOTOCOPY & RESEARCH SERVICE 1018 THOMASVILLE ROAD STE B-200 TALLAHASSEE FL 32303				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 _____ (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	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2200 VIA DELUNA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL		CITY-ST-ZIP		
TITLE NAME	D LEVIN, TERESA	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2200 VIA DELUNA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL		CITY-ST-ZIP		
TITLE NAME	D RINKE, ROBERT L	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2200 VIA DELUNA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ALLEN R. LEVIN **REQUIRED** Allen R. Levin, President 2/10/00 850-916-9850

CR2E037 (9/99)