

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90035 040 ***150.00

DOCUMENT # P93000066030

1. Entity Name

PACT REAL ESTATE CORPORATION OF GA

Principal Place of Business

Mailing Address

8340 AMERICAN WAY
 GROVELAND FL 34736
 US

P.O. BOX 625
 GROVELAND FL 34736-0625
 US

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 **59-3208159**

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

PHILIP R. FULMER
8000 CHERRY LAKE ROAD
GROVELAND FL 34736

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 ...
 Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **EVP** ☐ Delete
 NAME **FULMER, BARBARA B**
 STREET ADDRESS **11050 AUTUMN N**
 CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **P** ☐ Delete
 NAME **TURNER, CYNTHIA F**
 STREET ADDRESS **12928 LOOKINGBILL LN**
 CITY-ST-ZIP **ATHENS AL 35611**

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

TITLE **S** ☐ Delete
 NAME **FULMER, PHILIP R**
 STREET ADDRESS **8000 CHERRY LAKE ROAD**
 CITY-ST-ZIP **GROVELAND FL**

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

TITLE **VP** ☐ Delete
 NAME **FULMER, CARROLL A**
 STREET ADDRESS **14726 GORD NECK DRIVE**
 CITY-ST-ZIP **MONTEVERDE FL**

TITLE **VP** ☒ Change ☐
 NAME **Fulmer, Carroll A**
 STREET ADDRESS **11610 Osprey Pointe Blvd**
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE **VP** ☐ Delete
 NAME **FULMER, TIMOTHY A**
 STREET ADDRESS **9239 WOODBREEZE BLVD**
 CITY-ST-ZIP **WINDERMERE FL**

TITLE **VP** ☒ Change ☐
 NAME **Fulmer, Timothy A**
 STREET ADDRESS **13045 Sugar Bluff Road**
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
 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 12, as changed, or on an attachment with an address with another like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #