

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

0562404 AV

DOCUMENT # **P93000070502**

1. Entity Name
PACT REAL ESTATE CORPORATION OF NC

01-21-2002 90001 009 ***158.75

Principal Place of Business
8340 AMERICAN WAY
GROVELAND FL 34736
US

Mailing Address
P.O. BOX 625
GROVELAND FL 34736
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3208161**

Applied For
 Not Applicable

Zip Country

Zip Country

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

FULMER, PHILIP R.
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 _____ (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, 2002 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 **EVP**
 NAME **FULMER, BARBARA B**
 STREET ADDRESS **11050 AUTUMN LANE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP**
 NAME **FULMER, CARROLL A**
 STREET ADDRESS **11610 OSPREY POINTE BLVD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP**
 NAME **FULMER, TIMOTHY A**
 STREET ADDRESS **13045 SUGAR BLUFF RD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)