

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90035 038 ***150.00

DOCUMENT # P94000009262

1. Entity Name

PACT REAL ESTATE CORPORATION OF C.A.

Principal Place of Business

Mailing Address

8340 AMERICAN WAY
GROVELAND FL 34736

PO BOX 625
GROVELAND FL 34736-0625

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 59-3222508

Applied for
Not Applied for

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 RD.
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 P
NAME FULMER, BARBARA B
STREET ADDRESS 11050 AUTUMN LN
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE VP
NAME TURNER, CYNTHIA F
STREET ADDRESS 11050 AUTUMN LN
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE VP
NAME FULMER, PHILIP R
STREET ADDRESS 8000 CHERRY LAKE RD.
CITY-ST-ZIP GROVELAND FL 34736 ☐ Delete

TITLE S
NAME FULMER, CARROLL A
STREET ADDRESS 8971 GORD NECK DR.
CITY-ST-ZIP MONTEVERDE FL 34756 ☐ Delete

TITLE VP
NAME FULMER, TIMOTHY A
STREET ADDRESS 9239 WOODBREEZE BLVD.
CITY-ST-ZIP WINDEREMERE FL 32819 ☐ Delete

TITLE COB
NAME FULMER, CARROLL L.
STREET ADDRESS 11050 AUTUMN LN
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

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

TITLE VP
NAME Turner, Cynthia F
STREET ADDRESS 12928 Lookingbill Lane
CITY-ST-ZIP Athens, AL 35611 ☒ Change ☐

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

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

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

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

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 an other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #