

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000009262**

1. Entity Name

PACT REAL ESTATE CORPORATION OF C.A.**FILED**
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90022 018 ***550.00

Principal Place of Business

**8340 AMERICAN WAY
GROVELAND FL 34736**

Mailing Address

**PO BOX 625
GROVELAND FL 34736**

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 Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FULMER, PHILIP R
8000 CHERRY LAKE RD.
GROVELAND FL 34736**

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **P** ☐ Delete
NAME **FULMER, BARBARA B**
STREET ADDRESS **11050 AUTUMN LN**
CITY-ST-ZIP **CLERMONT FL 34711**TITLE **VP** ☐ Delete
NAME **TURNER, CYNTHIA F**
STREET ADDRESS **12928 LOOKINGBILL LANE**
CITY-ST-ZIP **ATHENS AL 35611**TITLE **VP** ☐ Delete
NAME **FULMER, PHILIP R**
STREET ADDRESS **8000 CHERRY LAKE RD.**
CITY-ST-ZIP **GROVELAND FL 34736**TITLE **S** ☐ Delete
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 **13056 SUGAR BLUFF RD**
CITY-ST-ZIP **CLERMONT FL 34711**TITLE **COB** ☐ Delete
NAME **FULMER, CARROLL L.**
STREET ADDRESS **11050 AUTUMN LN**
CITY-ST-ZIP **CLERMONT FL 34711**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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

8/30/01
Date**352-429-5000**
Daytime Phone #

CR2E034 (5/01)