

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066279

1. Entity Name

PALM COAST COMMUNITY HOMES, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90007 020 ***150.00

Principal Place of Business

Mailing Address

3 WATERSIDE PKWY
PALM COAST FL 32137
US

LOWE ENTERPRISES, INC
11777 SAN VICENTE BLVD. #900
LOS ANGELES CA 90049-5084
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3331474

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/CH ☐ Delete
NAME PLATT, JOHN B. III
STREET ADDRESS 430 CORONA DEL MAR
CITY-ST-ZIP SANTA BARBARA CA 93103

TITLE D/C/P ☒ Change ☐ Addition
NAME John B. Platt, III
STREET ADDRESS 26 W. Micheltorena St.,
CITY-ST-ZIP Santa Barbara, CA 93101-2527

TITLE D ☐ Delete
NAME LOWE, ROBERT J.
STREET ADDRESS 11777 SAN VICENTE BLVD, #900
CITY-ST-ZIP LOS ANGELES CA 90049

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

TITLE D/NP ☐ Delete
NAME DEL FRANCO, PETER A.
STREET ADDRESS 11777 SAN VICENTE BLVD, #900
CITY-ST-ZIP LOS ANGELES CA 90049

TITLE D/EVP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME KENYON, BETTY J
STREET ADDRESS 11777 SAN VICENTE BLVD, #900
CITY-ST-ZIP LOS ANGELES CA 90049

TITLE S ☐ Change ☒ Addition
NAME Leanne Talmage
STREET ADDRESS 11777 San Vicente Blvd., #900
CITY-ST-ZIP Los Angeles, CA 90049

TITLE SVP ☐ Delete
NAME O'KEEFE, PETER O
STREET ADDRESS 11777 SAN VINCENTE BLVD STE 900
CITY-ST-ZIP LOS ANGELES CA 90049

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

TITLE VCFD ☐ Delete
NAME WETHE, WILLIAM T
STREET ADDRESS 3 WATERSIDE PKWY
CITY-ST-ZIP PALM COAST FL 32137

TITLE D/V/T ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leanne Talmage

February 1, 2000

310-571-4345

Date

Daytime Phone #

CR2E034 (9/99)