

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000066282**

1. Entity Name

LOWE/PALM COAST, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90019 004 ***150.00

Principal Place of Business

**3 WATERSIDE PKWY
PALM COAST FL 32137
US**

Mailing Address

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

00014747



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

59-3331478

Applied For

Not Applied

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 93103TITLE D/C/P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME LOWE, ROBERT J.
STREET ADDRESS 11777 SAN VICENTE BLVD, #900
CITY-ST-ZIP LOS ANGELES CA 90049TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE EVP ☐ Delete
NAME DEL FRANCO, PETER A.
STREET ADDRESS 11777 SAN VICENTE BLVD, #900
CITY-ST-ZIP LOS ANGELES CA 90049TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☒ Delete
NAME KENYON, BETTY J.
STREET ADDRESS 11777 SAN VICENTE BLVD, #900
CITY-ST-ZIP LOS ANGELES CA 90049TITLE S ☐ Change ☒ Addition
NAME Leanne Talmage
STREET ADDRESS 11777 San Vicente Blvd., #900
CITY-ST-ZIP Los Angeles, CA 90049TITLE D ☐ Delete
NAME PRINN, BRIAN T
STREET ADDRESS 11777 SAN VICENTE BLVD #900
CITY-ST-ZIP LOS ANGELES CA 90049TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D/V/T ☐ Change ☒ Addition
NAME William T. Wethe
STREET ADDRESS 11777 San Vicente Blvd., #900
CITY-ST-ZIP Los Angeles, CA 90049

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: *Leanne Talmage* **Leanne Talmage**

February 1, 2000

310-571-4345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #