

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029125

1. Entity Name

PACIFIC CAPITAL CORPORATION

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90030 032 ***150.00

Principal Place of Business

Mailing Address

1605 MAIN STREET
SUITE 1004
SARASOTA FL 34236

P.O. BOX 10338
SARASOTA FL 34278-0338

2. Principal Place of Business

3. Mailing Address

10611 FRUITVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34240

Country

USA

Zip

Country

4. FEI Number

65-0671850

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

7. Name and Address of New Registered Agent

MAYO, TODD
1605 MAIN ST
#1004
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

10611 FRUITVILLE ROAD

City

SARASOTA

FL

Zip Code

34240

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MAYO, TODD L
1605 MAIN STREET
SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MAYO, TODD L
10611 FRUITVILLE ROAD
SARASOTA FL 34240 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

6/27/00 941-342-9088