

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083128

1. Entity Name

PINNACLE - GLEN ABBEY, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90161 045 ***150.00

Principal Place of Business

Mailing Address

36 S US HWY 17-92
SUITE 100
DEBARY FL 32713
US

36 S US HWY 17-92
SUITE 100
DEBARY FL 32713
US

00011000

2. Principal Place of Business

180 TREEMONT DR

Suite, Apt. #, etc.

3. Mailing Address

180 TREEMONT DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORANGE CITY FL

Zip
32763

Country

City & State
ORANGE CITY FL

Zip
32763

Country

4. FEI Number 59-3471540

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIVINE, RUSSELL W
28 W. CENTRAL BLVD., STE. 260
ORLANDO FL 32801

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 \$150.00
After MAY 1, 2001 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

TITLE
NAME
DPS
GRAY, JOHN C JR.
STREET ADDRESS
36 S US HWY 17-92 STE 100
CITY-ST-ZIP
DEBARY FL 32713 ☐ Delete

TITLE
NAME
DVPT
SEGAL, WILLIAM
STREET ADDRESS
955 STONEWOOD LN
CITY-ST-ZIP
MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
GRAY, JOHN C. JR.
STREET ADDRESS
180 TREEMONT DR
CITY-ST-ZIP
ORANGE CITY FL 32763 ☒ Change ☐ Addition

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

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

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

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

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:

John C. Gray, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. GRAY, JR. 1/12/01 407-668-6600

Date

Daytime Phone #

0051550

CR25034 (10/00)