

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096999

1. Entity Name

PEGASUS MANAGEMENT GROUP, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90022 042 ***550.00

Principal Place of Business

3250 LAKE WASHINGTON RD.
MELBOURNE FL 32935

Mailing Address

1280 SARNE RD STE 223
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

3250 Lake Washington Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Melbourne FL

4. FEI Number

59-3542975

Applied For

Not Applicable

Zip

Country

Zip

Country

32934

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRIAND, SCOT V
548 EBONY ST.
MELBOURNE FL 32935

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)

9/10/00

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 13, 2000 Min. 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
NAME BRIAND, SCOT V
STREET ADDRESS 548 EBONY ST
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE VP
NAME LE BLANC, PEGGY A
STREET ADDRESS 2876 PLAZA WAY
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

9/10/00

Date

(321) 258-4546

Daytime Phone #

CR2E034 (5/00)