## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P99000075927 PEBBLE BEACH REALTY INC. 01-26-2000 90185 029 \*\*\*150.00 Principal Place of Business Mailing Address **8 SPORTSMAN PLACE** 8 SPORTSMAN PLACE ROTONDA FL 33947-1915 ROTONDA FL 33947 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FE! Number Applied For City & State 65-0943549 \_ بالترتية Applic\_ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEBLER, PATRICK. Street Address (P.O. Box Number is Not Acceptable) 8 SPORTSMAN PLACE ROTONDA FL 33947 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. TRICK STERCER DIDECTOR SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. □ \*::"" Change TITLE Delete STEBLER, PATRICK NAME NAME STREET ADDRESS **8 SPORTSMAN PLACE** STREET ADDRESS CITY-ST-ZIP ROTONDA FL 33947 CITY-ST-ZIP \_ · · · · Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T 4330-☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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: