

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30257

1. Entity Name

CONTINENTAL PACIFIC CORPORATION

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90086 047 \*\*\*158.75

Principal Place of Business

Mailing Address

5246 CLAYTON COURT  
FT. MYERS FL 33907

5246 CLAYTON COURT  
FT. MYERS FL 33903-7099

2. Principal Place of Business

3434 Hancock Bridge Pwky

3. Mailing Address

3434 Hancock Bridge Pwky

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

N. Fort Myers, FL

City & State

N. Fort Myers, FL

4. FEI Number

65-0245981

Applied For

Not Applicable

Zip

33903

Country

USA

Zip

33903

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHAEFER, REID R  
5246 CLAYTON COURT  
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name  
Reid R. Schaefer

Street Address (P.O. Box Number is Not Acceptable)  
3434 Hancock Bridge Pwky

Suite 300

City  
N. Fort Myers

FL

Zip Code  
33903

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

1/5/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHAEFER, REID R	
STREET ADDRESS	5246 CLAYTON COURT	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HYON, GINA	
STREET ADDRESS	5246 CLAYTON CT	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reid R. Schaefer	
STREET ADDRESS	3434 Hancock Bridge Pwky, Suite 300	
CITY-ST-ZIP	N. Fort Myers, FL 33903	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gina Hyon	
STREET ADDRESS	3434 Hancock Bridge Pwky, Suite 300	
CITY-ST-ZIP	N. Fort Myers, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CP2000/01/00