2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~[illegible]~~ V52715

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
PACESETTER RESIDENTIAL MGT, INC

Principal Place of Business
856 PARK LAKE CT
ORLANDO 32803

Mailing Address
same

2. Principal Place of Business
N/A
Suite, Apt. #, etc.
N/A
City & State
Zip
Country

3. Mailing Address
N/A
Suite, Apt. #, etc.
N/A
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3137868
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KEN OSWALD
SUITE 110
600 COURTLAND ST
ORLANDO FL 32804

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

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 $400.00
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	PRESIDENT / VP 6303 DONEGAL DR ORLANDO FL 32819 LUCIUS J. CAVALLARO ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003279508--9 -06/07/00 01015 180 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC / TREASURER 6303 DONEGAL DR ORLANDO FL 32819 VELMA J. CAVALLARO ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~NEW~~ DIRECTOR 856 PARK LAKE CT ORLANDO FL 32803 LARRY A. CAVALLARO ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

E02E034 (9/99)

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 Blocks 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY A. CAVALLARO 5/16/00 (407) 648-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #