

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90046 050 \*\*\*150.00

0592565

**DOCUMENT # F94000005932**

1. Entity Name  
**PACIFIC 17, INC.**

Principal Place of Business <b>1455 FRAZEE ROAD, SUITE 805          SAN DIEGO CA 92108          US</b>	Mailing Address <b>1455 FRAZEE ROAD, SUITE 805          SAN DIEGO CA 92108          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State City: _____ State: _____	City & State City: _____ State: _____
Zip _____	Country _____

4. FEI Number <b>95-3504341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**HAYTER, KEITH**  
**485 N. KELLER ROAD**  
**SUITE 180**  
**MAITLAND FL 32751**

**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 \_\_\_\_\_

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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZIMMER, KIRK R</b> <b>1200 CORPORATE DR., SUITE 270</b> <b>BIRMINGHAM AL 35242</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MORGAN, DENIS H</b> <b>1455 FRAZEE ROAD, SUITE 805</b> <b>SAN DIEGO CA 92108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>COLEMAN, HAROLD</b> <b>1455 FRAZEE ROAD, SUITE 805</b> <b>SAN DIEGO CA 92108</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD</b> <b>YHAP, BENJAMIN</b> <b>1455 FRAZEE ROAD, SUITE 805</b> <b>SAN DIEGO CA 92108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KING, FRITZ</b> <b>1455 FRAZEE ROAD, SUITE 805</b> <b>SAN DIEGO CA 92108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYTER, KEITH W</b> <b>485 N. KELLER TOAD, SUITE 180</b> <b>MAITLAND FL 32751</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **1/17/01** **(619)5421717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)