

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000003388**

1. Entity Name **PACIFIC SHORE FUNDING** ✓

FILED
00 AUG -4 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **2310 LAKE CENTER DR. #200 LAKE FOREST, CA. 92630**
Mailing Address **2310 LAKE CENTER DR. #200 LAKE FOREST, CA. 92630**

2. Principal Place of Business
23101 LAKE CENTER DR. Suite, Apt. #, etc. 200 LAKE FOREST CA Zip 92630 Country U.S.

3. Mailing Address
23101 LAKE CENTER DR. Suite, Apt. #, etc. 200 LAKE FOREST CA Zip 92630 Country

8/01/00 90002/DI #01.25
DO NOT WRITE IN THIS SPACE

4. FEI Number **33.0352433** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL. 32301**

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, 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	CEOS	<input checked="" type="checkbox"/> Delete
NAME	EDWARD FEATON	
STREET ADDRESS	626A CLUBHOUSE DRIVE	
CITY-ST-ZIP	NEWPORT BEACH, CA. 92336	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHRIS LOMBARDI	
STREET ADDRESS	31981 VIA PAVO REAL	
CITY-ST-ZIP	LOTODE CAZA, CA. 92679	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBIN G. GROE	
STREET ADDRESS	14 B16 DIPPER COURT	
CITY-ST-ZIP	NEWPORT BEACH, CA. 92336	
TITLE	LPO	<input type="checkbox"/> Delete
NAME	DOREEN R. CAUGHMAN	
STREET ADDRESS	255 AVENUE MONTALDO	
CITY-ST-ZIP	SAN CLEMENTE, CA. 92692	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY WOIFE	
STREET ADDRESS	22391 BAYBERRY	
CITY-ST-ZIP	MISSION VIEJO, CA. 92692	
TITLE	D / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY PALLANTE	
STREET ADDRESS	31202 VIA COLINAS	
CITY-ST-ZIP	LOTODE CAZA, CA. 92679	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE A. MARTIN	
STREET ADDRESS	6 MARSEILLE	
CITY-ST-ZIP	LAGUNA NIGUEL, CA. 92677	
TITLE	VOC FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIF-LIN-KO	
STREET ADDRESS	34 DEWEY	
CITY-ST-ZIP	IRVINE CA 92620	
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)(j), 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: Robin Groe Date: 7-19-00 Daytime Phone #: 800-229-9070

CR2E034 (9/99)

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