

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A14197

1. Entity Name

PARK, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -2 PM 1:33

Principal Place of Business

16236 SAN DIEGUITO RD. SUITE A-21
RANCHO SANTA FE CA 92067

Mailing Address

PO BOX 8960
RANCHO SANTA FE CA 92067-8960

2. Principal Place of Business

3. Mailing Address

Post Office Box 9290

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Rancho Santa Fe, CA

4. FEI Number

59-1654669

Applied For

Not Applicable

Zip

Country

Zip

92067

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

REASBECK, REGIS ESQ.
6011 RODMAN STREET
HOLLYWOOD FL 33023

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,293,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME DALE, JAMES M.
STREET ADDRESS 16236 SAN DIEGUITO RD, BLDG 1, #21
CITY - ST - ZIP RANCHO SANTA FE CA

DOCUMENT #
NAME CASNER, CLYDE L.
STREET ADDRESS 1020 HUNTINGTON DR.
CITY - ST - ZIP SAN MARINO CA

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

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CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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CITY - ST - ZIP

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06/14/00 01010-008
*****535.00 *****535.00

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

James M Dale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/00 (858) 481-1115

Date

Daytime Phone #