

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01171

1. Entity Name

CITY PARK PLACE, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90216 010 \*\*\*\*61.25

Principal Place of Business

418 NE 5TH ST  
P.O. BOX 030399  
FT. LAUDERDALE FL 33303  
US

Mailing Address

418 NE 5TH ST  
P.O. BOX 030399  
FT. LAUDERDALE FL 33303-0361  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2368068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

00025091



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STOCKTON, RANDALL K DR  
1330 SE 4TH AVE., SUITE L  
FT. LAUDERDALE FL 33316

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME STOCKTON, DR. RANDALL  
STREET ADDRESS 1330 SE 4TH AVENUE, SUITE L  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VD ☐ Delete  
NAME DOVE, DR. DENNIS  
STREET ADDRESS 1330 SE 4TH AVENUE, SUITE H  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE STD ☐ Delete  
NAME BODENHAMER, WILLIAM  
STREET ADDRESS 1330 SE 4TH AVENUE, SUITE D  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-00 954-463-6110

CR2E037 (9/99)