## 2000 UNIFORM BUSINESS REPORT (UBR)

I. Entity Nam	MENT # <b>N05840</b>				.	· ]						
PARK LAKE ASSOCIATION NUMBER THREE, INC.						FILED						
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Principal Place	of Business	Mailing Address		_			001111	er i CtV	ns st	ATF		
OD OVERLOOK DRIVE VINTER HAVEN FL 33884		700 OVERLOOK DRIVE WINTER HAVEN FL 33884-1669				SECRETARY OF STATE TALLAHASSEE, PLORIDA						
2. Principal P	ace of Business	3. Mailing Address	<del>,</del>			( I I <b>II</b> III		errii alkii e	ELE BLEEF BLEEF	ETOM ETOM ETO	II OTBII TOOF	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO N	OT WRITE	IN THIS SI	PACE		
City & State	•	City & State				4. FEI Num	59-269	8696		<del></del>	plied For of Applicable	-
Zip	Country	Zip	Cou	untry		5. Certifica	te of Status D			8.75 Add	itional	İ
	6. Name and Address of Current F	Registered Agent					nd Address o			ee Require	d .	1
<del></del>	o. Haine and Address of Correll			Name.					<u> </u>			1
CASSIDY,	AI RERT R			Street A	ddress (I	P.O. Box Num	ber is Not Acc	ceptable)				
	OOK DRIVE			<del> </del>						. <del></del>		1
WINTER H	AVEN FL 33880			City					FL	Zip Cod	e	1
	named entity submits this statement for			<u></u>						<u></u>		┨
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	Signature, typed or printed name of registered agent a FILE NOW:	9. Election Campaign	Financii	ing	\$5.0	when reinstating)  O May Be			DATE Check P		<u> </u>	
		<u></u>	Financii	<del>_</del>	\$5.0 Added	O May Be I to Fees		Dep	Check Partment	of State		
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR	9. Election Campaign Trust Fund Contribu	Financii	ing 🗆	\$5.0 Added	May Be	CHANGES TO	Dep	Check Partment of	of State	10	(6)
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Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of director of the corporation of 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.

GNATURE:

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SIGNATURE: .

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OF DIRECTOR