

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90078 011 \*\*\*\*61.25

**DOCUMENT # N14826**

1. Entity Name  
**PARKWOOD VILLAGE, INC.**

Principal Place of Business 515 MAGNOLIA LANE WILDWOOD FL 34785 US	Mailing Address 515 MAGNOLIA LANE WILDWOOD FL 34785-9346 US
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DO NOT WRITE IN THIS SPACE

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 <b>59-2828984</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**GLENN NELSEY**  
**703 LIVE OAK LANE**  
**WILDWOOD FL 34785**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GLENN NELSEY</b> <b>703 LIVE OAK LANE</b> <b>WILDWOOD FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GATES, ALMA</b> <b>518 LIVE OAK LN</b> <b>WILDWOOD FL 34785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>NUGENT, MARION</b> <b>618 S DRIVE</b> <b>WILDWOOD FL 34785</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BOHN, DONNA</b> <b>600 LIVE OAK LN</b> <b>WILDWOOD FL 34785</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CALISSI, LARRY</b> <b>700 LIVE OAK LN</b> <b>WILDWOOD FL 34785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAXTER, CHARLIE</b> <b>707 LIVE OAK LN</b> <b>WILDWOOD FL 34785</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RICHARD BIELECKI</b> <b>604 LIVE OAK LN</b> <b>WILDWOOD, FL 34785</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BARBARA PLATT</b> <b>519 IRON WOOD LN.</b> <b>WILDWOOD, FL. 34785</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SE</b> <b>PAT KOPKO</b> <b>605 IRONWOOD LN.</b> <b>WILDWOOD, FL. 34785</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GLENN NELSEY</b> <b>703 LIVE OAK LN.</b> <b>WILDWOOD, FL. 34785</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BARBARA PLATT *Barbara Platt* 2-17-2000 352-748-8535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)