

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000090928**

1. Entity Name

AMERICAN PARK AND RECREATION COMPANY**FILED**
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90193 027 ***158.75

Principal Place of Business

4423 N. FLORIDA AVE.
TAMPA FL 33603
US

Mailing Address

4423 N. FLORIDA AVE.
TAMPA FL 33603
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

59-3352361

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ERVIN, JOHN L**
4423 N FLA. AVE.
TAMPA FL 33602**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. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	ERVIN, JOHN L	
STREET ADDRESS	2518 W. SIMMS BLVD	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ERVIN, KATHRYN A	
STREET ADDRESS	2518 W. SIMMS BLVD	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINN, NANCY R	
STREET ADDRESS	92 ADALIA	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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)(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 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 filings signed.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/07/01**

Date

813-872-9231

Daytime Phone #

CR2E034 (9/01)