

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P96000092958**

1. Entity Name  
**OVERLAND PARK, INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90241 007 \*\*\*150.00

**831944**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256 US</b>	Mailing Address <b>9471 BAYMEADOWS ROAD SUITE 404 JACKSONVILLE FL 32256-7937 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>9551 BAYMEADOWS RD</b>  Suite, Apt. #, etc. <b>SUITE 4</b>
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City & State <b>JACKSONVILLE FL</b>	4. FEI Number <b>59-3418498</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32256</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**  
  
**WALLACE, DENISE L  
9471 BAYMEADOWS ROAD  
SUITE 404  
JACKSONVILLE FL 32256**

**7. Name and Address of New Registered Agent**  
  
Name  
**E. CHESTER STOKES, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**9551 BAYMEADOWS ROAD**  
**SUITE 4**  
City  
**JACKSONVILLE FL** Zip Code  
**32256**

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 **3/27/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP STOKES, E CHESTER JR 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV PUTNAL, JAMES E 9551 BAYMEADOW RD #4 JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WALLACE, DENISE L 9551 BAYMEADOWS RD #4 JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRAREN, MICHAEL E 9551 BAYMEADOWS RD #4 JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FREDENHAGEN, SHARON W 9551 BAYMEADOWS RD #4 JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HICE, SHERRY 9551 BAYMEADOW RD #4 JACKSONVILLE FL</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: **Sherry Hice, Secretary** DATE: **3/27/00** DAYTIME PHONE #: **904/739-2249**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)