

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025982

1. Entity Name
PARK CENTRAL COMMUNITY DEVELOPMENT CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90083 006 ***150.00

Principal Place of Business 5154 CITY STREET ORLANDO FL 32839	Mailing Address 5154 CITY STREET ORLANDO FL 32839-4501
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3500212	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent JOHNSON, LORAN A 215 NORTH EOLA DRIVE ORLANDO FL 32801		7. Name and Address of New Registered Agent	
		Name JOEL K. SLATER	
		Street Address (P.O. Box Number is Not Acceptable) 5145 CITY STREET	
		City ORLANDO FL 32839	

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: *Joel Slater* - **JOEL K. SLATER** DATE: **4-15-00**

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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MORTON, PAUL 1090 DON MILLS ROAD, SUITE 600, DON MILLS, ONTARIO, CANADA M3C3R6	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS MORTON, HENRY 1090 DON MILLS ROAD, SUITE 600, DON MILLS, ONTARIO, CANADA M3C3R6	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDBERG, LAURENCE 30 ST CLAIR AVE WEST TORONTO ONTARIO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLATER, JOEL K 5145 CITY STREET ORLANDO FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: *Joel Slater* **JOEL K. SLATER** DATE: **4-15-00** DAYTIME PHONE #: **407-851-6252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)