

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 728137**

1. Entity Name

1200 PARK AVENUE ASSOCIATION, INC.**FILED**
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90224 035 ****61.25

953766

DO NOT WRITE IN THIS SPACE

Principal Place of Business 22051 N. O'BRIEN ROAD HOWEY IN THE HILLS FL 34737	Mailing Address P.O. BOX 1683 ORLANDO FL 32802-1683
---	---

2. Principal Place of Business 1401 ATLANTA AVENUE	3. Mailing Address Suite, Apt. #, etc. 1216 PARK AVENUE NORTH
--	---

City & State ORLANDO, FL	City & State WINTER PARK, FL
------------------------------------	--

Zip 32806	Country USA	Zip 32789	Country USA
---------------------	-----------------------	---------------------	-----------------------

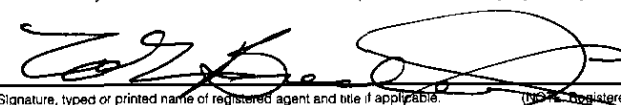
4. FEI Number 59-3316878	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent BRADSHAW, CHARLES E JR 22051 N. O'BRIEN ROAD HOWEY IN THE HILLS FL 34737
--

7. Name and Address of New Registered Agent Name HARVEY N. KOBRIN Street Address (P.O. Box Number is Not Acceptable) 1216 PARK AVENUE NORTH City WINTER PARK FL Zip Code 32789
--

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  **4/27/00**
Signature, typed or printed name of registered agent and title if applicable. (If not, Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BRADSHAW, CHARLES E JR 22051 N. O'BRIEN ROAD HOWEY IN THE HILLS FL 34737 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JACK 22051 N. O'BRIEN ROAD HOWEY IN THE HILLS FL 34737 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNON, SHERRI H 936 AMERICAN BEAUTY ST ORLANDO FL 32810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Dr. Thomas C. Lawton 1208 Park Avenue North Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Harvey N. Kobrin 1216 Park Avenue North Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Ronald J. Worswick 1212 Park Avenue North Winter Park, Florida 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Wilbur Davis, Jr. 1210 Park Avenue North Winter Park, FL 32789 <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	<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:  **4/27/00** **407/843-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)