

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90110 032 ***150.00

0604328 AT

DOCUMENT # P00480

1. Entity Name
CENTRAL PARKING SYSTEM OF FLORIDA, INC.

Principal Place of Business Mailing Address
% MONROE J CARELL, JR **% MONROE J CARELL, JR**
2401 21ST AVENUE, SOUTH SUITE 200 **2401 21ST AVENUE, SOUTH SUITE 200**
NASHVILLE TN 37212 **NASHVILLE TN 37212**



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 **62-1190082** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 State

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

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	CARELL, MONROE J, JR	
STREET ADDRESS	2401 21ST AVE S. STE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOND, JAMES H.	
STREET ADDRESS	2401 21ST AVE S STE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	<input type="checkbox"/> Delete
NAME	ABBOTT, HENRY J.	
STREET ADDRESS	2401 21ST AVE S STE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WOLFE, JEFF	
STREET ADDRESS	2401 21ST AVE S., SUITE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EADS, EMANUEL J.	
STREET ADDRESS	2401 21ST AVE S SUITE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	CFPT	<input checked="" type="checkbox"/> Delete
NAME	HAGAN, JAMES	
STREET ADDRESS	2401 21ST ST S	
CITY-ST-ZIP	NASHVILLE TN 37212	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monroe J. Carell Jr.	
STREET ADDRESS	2401 21st Ave. S., # 200	
CITY-ST-ZIP	Nashville, TN 37212	
TITLE	CFD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hiram A. Cox	
STREET ADDRESS	2401 21st Ave. S., #200	
CITY-ST-ZIP	Nashville, TN 37212	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William J. Vareschi, Jr.	
STREET ADDRESS	2401 21st Avenue South, #200	
CITY-ST-ZIP	Nashville, TN 37212	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

SIGNATURE:

REQUIRED

Henry J. Abbott 2/5/02 615-297-4255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)