

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430737

1. Entity Name

KING'S PARK CO

Principal Place of Business

Mailing Address

1001 EAST ALABAMA STREET
BOX 956
PLANT CITY FL 33564

P.O. BOX 956
P.O. BOX 956
PLANT CITY FL 33564-0956
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VERNER, JAMES P
110 E. REYNOLDS STREET, SUITE 700
PLANT CITY FL 33566

4. FEI Number

59-1497264

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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, 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 PD
NAME VERNER, JAMES P
STREET ADDRESS 110 E REYNOLDS ST.,STE 700
CITY-ST-ZIP PLANT CITY FL



TITLE VPD
NAME VERNER, JOHN V
STREET ADDRESS 110 E. REYNOLDS ST.,STE 700
CITY-ST-ZIP PLANT CITY FL



TITLE SD
NAME SHUMP, JAMES R
STREET ADDRESS 110 E. REYNOLDS ST.,SUITE 700
CITY-ST-ZIP PLANT CITY FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90240 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)