

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 432770

1. Entity Name

PARK RESORT DEVELOPMENT COMPANY

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90217 008 ***150.00

| | |
|------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 011-C WEST 23RD STREET P. O. BOX 2493 PANAMA CITY FL 32402 | 011-C WEST 23RD STREET P. O. BOX 2493 PANAMA CITY FL 32402-2493 |

| | |
|--------------------------------|--------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | 2075 Centre Pointe Blvd. |

| | |
|--------------|-----------------|
| City & State | City & State |
| | Tallahassee, FL |

| | | | |
|-------|---------|-------|---------|
| Zip | Country | Zip | Country |
| 32308 | USA | 32308 | USA |



DO NOT WRITE IN THIS SPACE

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-1502578 | Applied For |
| | | Not Applicable |

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

6. Name and Address of Current Registered Agent

CRISP, DONALD R.
011 C W 23RD ST
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name
John T. LaJoie
Street Address (P.O. Box Number is Not Acceptable)
2075 Centre Pointe Blvd.
City
Tallahassee FL Zip Code
32308

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 John T. LaJoie DATE 4/10/00

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 | STD | <input checked="" type="checkbox"/> Delete |
| NAME | MEDLOCK, G. WILLIAM | |
| STREET ADDRESS | 710 HUNTINGDON ROAD | |
| CITY-ST-ZIP | PANAMA CITY FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CRISP, DONALD R. | |
| STREET ADDRESS | 011 C W. 23RD ST | |
| CITY-ST-ZIP | PANAMA CITY FL 32405 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | CRISP JR, D RAY | |
| STREET ADDRESS | 011 C W. 23RD ST | |
| CITY-ST-ZIP | PANAMA CITY FL 32405 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Crisp, Donald R. | |
| STREET ADDRESS | 011C W. 23rd Street | |
| CITY-ST-ZIP | Panama City, FL 32405 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Conway, Michael W. | |
| STREET ADDRESS | 2075 Centre Pointe Blvd. | |
| CITY-ST-ZIP | Tallahassee, FL 32308 | |
| TITLE | T/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hansli, Alfred J. | |
| STREET ADDRESS | 2075 Centre Pointe Blvd. | |
| CITY-ST-ZIP | Tallahassee, FL 32308 | |
| 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: Michael W. Conway DATE 4/10/00 (850) 402-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)