2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 706819** Jun 09, 2000 8:00 am Secretary of State FLORIDA INSTITUTE OF PARK PERSONNEL, INC. 06-09-2000 90012 021 ****61.25 Principal Place of Business Mailing Address 2401 SE MONTEREY ROAD 2401 SE MONTEREY ROAD STUART FL 34996-3322 STUART FL 34997 いいいいんせんし 2. Principal Place of Business 3. Mailing Address P.O. Box 1788 P.O. Box 1788 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEi Number 59-6194362 Sanford, FL Sanford, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32772-1788 32772-1788 Fee Required US -7. Name and Address of New Registered Agent - = 6:-Name and Address of Current Registered Agent Name Janice L. Phillips Street Address (P.O. Box Number, is Not Acceptable) ROBINSON, JON M 10900 SR 703 36850 Overseas Highway N PALM BEACH FL 33408 Big Pine Key Zip Code 33043 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. 06/01/00 Janice L. Phillips FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. President ☐ Addition **K**Change XXDelete TITLE TITLE PHILLIPS, RANDY NAME NAME Jeffries, Howard STREET ADDRESS STREET ADDRESS 2401 SE MONTEREY ROAD P.O. Box 1788 CITY-ST-7IP CITY-ST-ZIP STUART FL 34997 <u>Sanford, FL 32772-1788</u> ☐ Addition TITLE XX Delete TITLE Director TY Change ROBINSON, JON M NAME NAME Phillips, Janice STREET ADDRESS STREET ADDRESS 3400 NE 163RD ST 36850 Overseas Highway Big Pine Key, FL 33043 CITY-ST-ZIP CITY-ST-ZIP N MIAMI-FL 33160 ☐ Addition TITLE . 🔲 Delete TITLE ☐ Change LACOSTA, GEORGE NAME STREET ADDRESS STREET ADDRESS 3099 MEDINA CIRCLE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

06/01/00

305/872-3897