

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764943

1. Entity Name

EXECUTIVE PARK TOWNOFFICE ASSOCIATION, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90087 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1 11TH AVE.  
SHALIMAR CENTER E-2  
SHALIMAR FL 32579  
US

1 11TH AVE.  
SHALIMAR CENTRE E-2  
SHALIMAR FL 32579-1324  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2373605

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, RICHARD J.  
91 COUNTRY CLUB RD.  
SHALIMAR FL 32579

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP  
NAME WHITWORTH, LEO A.  
STREET ADDRESS 105 AUBURN AVE.  
CITY-ST-ZIP FT. WALTON BCH. FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME KISER, JAMES  
STREET ADDRESS 533 ELGIN PKWY. NE.  
CITY-ST-ZIP FT. WALTON BCH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME WHITE, RICHARD J.  
STREET ADDRESS 91 COUNTRY CLUB RD.  
CITY-ST-ZIP SHALIMAR FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME LARSON, LOWELL C.  
STREET ADDRESS 817 PINEDALE RD.  
CITY-ST-ZIP FT. WALTON BCH. FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MYERS, FRANK C. DR  
STREET ADDRESS 18 TANGLEWOOD CIR  
CITY-ST-ZIP FT WALTON BCH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE RECORDED LARSON, JR.,

03/15/2000

(850) 863-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)