

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841269

1. Entity Name

KINNEY PARKING, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90045 046 \*\*\*150.00

Principal Place of Business

Mailing Address

2401 21ST AVE S #200  
NASHVILLE TN 37212

~~60 MADISON AVE.~~  
~~NEW YORK NY 10010-1800~~

2. Principal Place of Business

3. Mailing Address

2401 21st Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State

City & State

Nashville, TN

Zip

Country

Zip

Country

37212

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-2688558

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ SAUL P.	
STREET ADDRESS	60 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KATZ, LEWIS	
STREET ADDRESS	60 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	SCARPATI, JOSEPH	
STREET ADDRESS	60 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	EVC	<input checked="" type="checkbox"/> Delete
NAME	MICHALOFSKY, MICHAEL	
STREET ADDRESS	60 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MITTLEMAN, PHILIP.	
STREET ADDRESS	60 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monroe Carell Jr.	
STREET ADDRESS	2401 21st Avenue South, #200	
CITY-ST-ZIP	Nashville, TN 37212	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James H. Bond	
STREET ADDRESS	2401 21st Avenue South, #200	
CITY-ST-ZIP	Nashville, TN 37212	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry J. Abbott	
STREET ADDRESS	2401 21st Avenue South, #200	
CITY-ST-ZIP	Nashville, TN 37212	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Tisdell	
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		

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:

*Henry J. Abbott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00  
Date

615-297-4255  
Daytime Phone #