

# 2000 UNIFORM BUSINESS REPORT (UBR)

2006718 AF

**DOCUMENT # A94000001790**

1. Entity Name  
**PARK PLACE MHP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 FEB 29 AM 10:41

Principal Place of Business  
**5603 NORTH STATE ROAD 7  
FT. LAUDERDALE FL 33319**

Mailing Address  
**5603 NORTH STATE ROAD 7  
FT. LAUDERDALE FL 33319-2925**



2. Principal Place of Business  
**2440 SE Federal Hwy.**  
Suite, Apt. #, etc.  
**Ste. 600**

3. Mailing Address  
**PO BOX 359**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Stuart, FL**

City & State  
**Stuart, FL**

Zip  
**34994**

Country  
**USA**

Zip  
**34995**

Country  
**USA**

4. FEI Number  
**65-0543561**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHARFF, BURTON G  
2315 S. CONGRESS AVENUE  
WEST PALM BEACH FL 33406**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$680,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>GARRIS, STANLEY R 5603 NORTH STATE ROAD 7 FT. LAUDERDALE FL 33319</b>	STREET ADDRESS	<b>2440 SE Federal Hwy. Suite 600</b>
NAME		CITY - ST - ZIP	<b>Stuart, Fl. 34995</b>
STREET ADDRESS		CITY - ST - ZIP	<b>Stuart, FL 34995</b>
DOCUMENT #		STREET ADDRESS	<b>2440 SE Federal Hwy. Suite 600</b>
NAME		CITY - ST - ZIP	<b>Stuart, FL 34995</b>
STREET ADDRESS		CITY - ST - ZIP	<b>Stuart, FL 34995</b>
DOCUMENT #		STREET ADDRESS	<b>4000003169224--3</b>
NAME		CITY - ST - ZIP	<b>-03/14/00--01093--001</b>
STREET ADDRESS		CITY - ST - ZIP	<b>****526.25 ****526.25</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS		CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** DATE: **2/24/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)