

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000392

1. Entity Name

PARK CENTRAL PROPERTIES, LTD.

Principal Place of Business
5009 PARK CENTRAL DRIVE
ORLANDO FL 32839

Mailing Address
5145 CITY STREET
ORLANDO FL 32839-4502

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 21 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2882058

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

JOHNSON, LORAN A
215 NORTH EOLA DRIVE
ORLANDO FL 32801

Name: JOEL K. SLATER
Street Address (P.O. Box Number is Not Acceptable): 5145 CITY STREET
City: ORLANDO FL Zip Code: 32839

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. Capital Contributions as Shown on record. \$1,236,000.00

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 # P97000106851
NAME CANSOUTH DEVELOPMENT CORP.
STREET ADDRESS 5009 PARK CENTRAL DRIVE
CITY - ST - ZIP ORLANDO FL 32839

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # F15196
NAME ELKAR HOLDINGS (FLORIDA), INC.
STREET ADDRESS 215 NORTH EOLA DRIVE
CITY - ST - ZIP ORLANDO FL 32801

STREET ADDRESS

CITY - ST - ZIP

100003250041--4
-05/12/00--01026--025
****526.25 ****526.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-15-00
JOEL K. SLATER 407-851-625