

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001668

1. Entity Name

PARK HOMES, LTD.

Principal Place of Business

37839 COUNTY ROAD 54
ZEPHYRHILLS FL 33541

Mailing Address

TEMPLE TERRACE VILLAGE
10912 NORTH 56TH STREET
TEMPLE TERRACE FL 33617-3004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3398971

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOSS, JAMES C
37839 COUNTY ROAD 54
ZEPHYRHILLS FL 33541

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. Capital Contributions as Shown on record.

\$25,000.00

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 # P96000057619
NAME CENTRAL EQUITIES, INC.
STREET ADDRESS 37839 COUNTY ROAD 54
CITY - ST - ZIP ZEPHYRHILLS FL 33541

STREET ADDRESS

CITY - ST - ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-20-2000

Date

813-984-1533

Daytime Phone #

FORM 1001 (01/00)

175.00
400003288584- -6
-06/14/00--01051--005
****263.75 ****263.75
00 MAY - 1 AM 10:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA