2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001951

1. Entity Name

PARKLAND CAMELOT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 6:04

Principal Place of Business	Mailing Address
350 ROYAL POINCIANA WAY. SUITE 3C PALM BEACH FL 33480	350 ROYAL POINCIANA WAY. SUITE 3C PALM BEACH FL 33480-4020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
340 Royal Poinciana Way	340 Royal Poinciana Way
Suite, Apt. #, etc.: Suite 3C	Suite, Apt. #, etc.: Suite 3C
City & State: Palm Beach FL	City & State: Palm Beach FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA

4. FEI Number 65-0788885 ☐ 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
KOZOKOFF, NEIL 350 ROYAL POINCIANA WAY, SUITE 3C PALM BEACH FL 33480	Name: NEIL KOZOKOFF Street Address (P.O. Box Number is Not Acceptable): 340 Royal Poinciana Way Suite 3C City: Palm Beach FL Zip Code: 33480

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 _____ 1/19/00
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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 #	P97000078085	STREET ADDRESS	340 Royal Poinciana Way, Suite 3C
NAME	PARKLAND GENERAL CORP.	CITY-ST-ZIP	Palm Beach, FL 33480
STREET ADDRESS	350 ROYAL POINCIANA WAY, SUITE 3C		
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

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: PARKLAND GENERAL CORP. By: SIGNATURE REQUIRED 1/19/00 561-802-3823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Neil Kozokoff President Date Daytime Phone #