

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000067**

1. Entity Name

PARKLAND EDUCATION ASSOCIATES, LTD.

Principal Place of Business

**C/O ARTHUR KEISER
1500 N.W. 49TH STREET
FORT LAUDERDALE FL 33309**

Mailing Address

**C/O ARTHUR KEISER
1500 N.W. 49TH STREET
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number **65-0838310**

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

**KEISER, ARTHUR
1500 N.W. 49TH STREET
FORT LAUDERDALE FL 33309**

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.

DATE

9. Capital Contributions as Shown on record.

\$9,900.00

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 #

**L98000000019
PARKLAND EDUCATION, LC
1500 N.W. 49TH STREET
FORT LAUDERDALE FL 33309**

NAME
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CITY - ST - ZIP

STREET ADDRESS

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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 REQUIRED

4/15/2002

Date

954-776-4416

Daytime Phone #

APPROVED
AND
FILED

02 JUN 11 AM 10:01

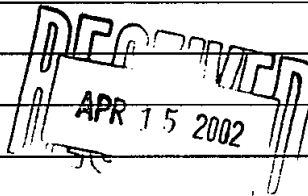
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E003 (9/01)

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