

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001679**

1. Entity Name

PARKWAY PROMENADE ONE, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

Principal Place of Business

4100 CORPORATE SQUARE #105  
NAPLES FL 34104

Mailing Address

4100 CORPORATE SQUARE #105  
NAPLES FL 34104-4703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHELLING, JEFFREY S ESQ.  
3227 SOUTH HORSESHOE DRIVE #108  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name **Michael Moore**  
~~Anthony M. Moore, Parashy White, Lawrence Moore~~  
Street Address (P.O. Box Number is Not Acceptable) **2171 Pine Ridge Rd.**  
**Suite D**  
City **Naples** FL Zip Code **34109**

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.

\$392,500.00

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**J.T.M. MANAGEMENT, INC.  
4100 CORPORATE SQUARE #105  
NAPLES FL 34104**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

8000003237688--3  
-05/03/00--01107--004

\*\*\*\*\*526.25 \*\*\*\*\*526.25

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: X

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 4/12/00  
Date Daytime Phone #

CR2E003 (9/99)