

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90128 046 ***150.00

DOCUMENT # F00000002526

1. Entity Name
SMARTPARKS - SILVER SPRINGS, INC.

Principal Place of Business
5656 SILVER SPRINGS BLVD.
SILVER SPRINGS FL 34488

Mailing Address
50 N LAURA STREET
STE 3400
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

One West Adams Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd Floor

City & State

City & State

Jacksonville, FL

4. FEI Number

59-3644524

Applied For

Not Applicable

Zip

Country

Zip

Country

32202

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **DREW, RANDAL H**
 STREET ADDRESS **50 N LAURA STREET STE 3400**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **Drew, Randal H.**
 STREET ADDRESS **One West Adams St., 2nd Floor**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **VD** ☐ Delete
 NAME **GOLDMAN, NATHAN D**
 STREET ADDRESS **50 N LAURA STREET STE 3400**
 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **V/D** ☒ Change ☐ Addition
 NAME **Goldman, Nathan D.**
 STREET ADDRESS **One West Adams St., 2nd Floor**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **VSTD** ☐ Delete
 NAME **GRIGGS, GWEN H**
 STREET ADDRESS **50 N LAURA STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **V/S/D** ☒ Change ☐ Addition
 NAME **Griggs, Gwen Hutcheson**
 STREET ADDRESS **One West Adams St., 2nd Floor**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/T** ☐ Change ☒ Addition
 NAME **Barkley, Andy**
 STREET ADDRESS **One West Adams St., 2nd Floor**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gwen Hutcheson*, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

(904) 598-6684
 Daytime Phone #

CR2E034 (9/01)