

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90255 026 ***150.00

DOCUMENT # F97000001970

1. Entity Name

~~LAKE HOLIDAY ASSOCIATES, INC.~~

Parkway Consultants, Inc

No Name change

Principal Place of Business

Mailing Address

722 SOUTH MAIN STREET
 MONTICELLO IN 47960

722 SOUTH MAIN STREET
 MONTICELLO IN 47960

2. Principal Place of Business

Parkway Nursing Home
 Suite, Apt. #, etc.

3. Mailing Address

7575 65th Way North
 Suite, Apt. #, etc.

City & State

Pinebluffs Park, FL

City & State

FL

4. FEI Number

35-1641640
352120389

Applied For

Not Applicable

Zip

33781

Country

U.S.A

Zip

Country

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

ENGLANDER, LEONARD S ESQ.
 5959 CENTRAL AVENUE SUITE 201
 ST PETERSBURG FL 33710

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PCVS FREEMAN, JOHN K 722 SOUTH MAIN STREET MONTICELLO IN 47960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREEMAN, JOHN K 722 SOUTH MAIN STREET MONTICELLO IN 47960	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

John K. Freeman *John K. Freeman* *4/30/01* *219/583-6440*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)