

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State
 09-11-2000 90062 042 ***550.00

DOCUMENT # F98000001788

1. Entity Name
PARKSITE INC.



Principal Place of Business
**1563 HUBBARD AVE.
 BATAVIA IL 60510**

Mailing Address
**1563 HUBBARD AVE.
 BATAVIA IL 60510**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-2741965**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAUGH, EMILY S
 227 S. CALHOUN ST.
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00.
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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	BGE0	<input type="checkbox"/> Delete
NAME	MORRISROE, JOHN P	
STREET ADDRESS	1563 HUBBARD AVE.	
CITY-ST-ZIP	BATAVIA IL 60510	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PATTEE, GEORGE A	
STREET ADDRESS	1563 HUBBARD AVE.	
CITY-ST-ZIP	BATAVIA IL 60510	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORROW, JOHN A	
STREET ADDRESS	1563 HUBBARD AVE.	
CITY-ST-ZIP	BATAVIA IL 60510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISROE JOHN P	
STREET ADDRESS	1563 HUBBARD AVE.	
CITY-ST-ZIP	BATAVIA, IL 60510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAVLIK JEFFREY V.	
STREET ADDRESS	1563 HUBBARD AVE	
CITY-ST-ZIP	BATAVIA, IL 60510	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEITZMAN, RONALD C.	
STREET ADDRESS	1563 HUBBARD AVE.	
CITY-ST-ZIP	BATAVIA, IL 60510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9-6-00** Daytime Phone #: **(630) 761-6724**

CR2E034 (5/00)