## 2000 UNIFORM BUSINESS REPORT (UBR)

	MENT # <b>G32849</b>			many if I have been	
POLO PARK DEVELOPERS, INC.				FILED	
				00 JAN 10 PM 1:55	
Principal Plac	e of Business	Mailing Address		<b>:</b>	
C/O POLO PARK. LTD. 12525 US HIGHWAY 27 N DAVENPORT FL 32803 US		12525 US HWY 27N 12525 US HIGHWAY 27 N DAVENPORT FL 33837-9500 US		SECRETARY OF STATE TALLAHASSEE. FLORIDA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-2280672 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
_			Name	• •	
Bornstein, David S 12525 US Highway 27 North Davenport FL 33837			Street Ac	ddress (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing it	s registered office or	registered agent, or both, in the State of Florida.	
Tax filing r	Signature, the door printed name of register a agent a pration is eligible to satisfy its intangible equirement and elects to do so.	FILE NOW After MAY 1, 2	TE: Registered Agent signaturill FEE IS \$150.0	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
(See criter	ria on back)		ble to Department	of State	
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Bornstein, David S 12525 US Highway 27 North Davenport Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12222 45 /huy 27 N Davenport, FL 3883)	
TITLE NAME STREET ADORESS CITY-ST-ZIP	VPD Bornstein, Rita 1401 Arthur Street Orlando Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12222 US Huy 27N  Owenport #2 33837	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	8000309983436	
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indicated of the cor	on this report or supplemental report is	true and accurate and that wered to execute this repor	my signature shall ha t as required by Chap	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	