

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G74344**

1. Entity Name

JACK PARKER SOUTHEAST CONSTRUCTION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90170 015 ***150.00

Principal Place of Business 9400 GLADIOLUS DRIVE SUITE 250 FT. MYERS FL 33908	Mailing Address 9400 GLADIOLUS DRIVE SUITE 250 FT. MYERS FL 33908-7600
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2388563	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, STEPHEN J.
201 N FRANKLIN STREET, STE 2100
TAMPA FL 33602**

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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JACK 2800 S. OCEAN BLVD. BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 Gladiolus Drive, Suite 250 Ft. Myers FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete DP TURKEN, WALTER D 9400 GLADIOLUS DRIVE, SUITE 250 FT MYERS FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GLICK, ADAM 104-70 QUEENS BLVD FOREST HILLS NY 11375	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 Gladiolus Drive, Suite 250 Ft. Myers FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V GULLO, VINCENT 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V KNIZNER, DAVID 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VTS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TS REISMAN, JOHN 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP

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: DAVID Knizner 4-25-00 941-481-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)