

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H26329

1. Entity Name

PARKVIEW HOLDING COMPANY, INC.

Principal Place of Business

% ROBERT G. PARKER
1709 N. TEAKWOOD DRIVE. WEST
PLANT CITY FL 33566

Mailing Address

% ROBERT G. PARKER
1709 N. TEAKWOOD DRIVE. WEST
PLANT CITY FL 33566-7819

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PARKER, ROBERT G.
1709 N. TEAKWOOD DRIVE, WEST
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, B.M. JR.	
STREET ADDRESS	1722 S. COLLINS STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASSELLS, PEGGY S	
STREET ADDRESS	PO BOX 5579	
CITY-ST-ZIP	SALT SPRING FL 32134-5579	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARKER, ROBERT G	
STREET ADDRESS	1709 N TEAKWOOD DR W	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, J. BENTON	
STREET ADDRESS	201 KENNEDY BLVD E.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: ROBERT G. PARKER SEC/TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Date

(813) 754-5163

Daytime Phone #

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90070 047 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2473926

Applied For
Not Applicable

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

CR2E034 (9/99)