

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48447

1. Entity Name

THE MEADOW AT PARKER LAKES, INC.

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

05-04-2000 90170 013 ***150.00

Principal Place of Business

9400 GLADIOLUS DRIVE
 SUITE 250
 FT. MYERS FL 33908
 US

Mailing Address

9400 GLADIOLUS DRIVE
 SUITE 250
 FT. MYERS FL 33908-7600
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2930356

Applied For

Not Applicable

Zip

Country

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

MITCHELL, STEPHEN J.
 201 N. FRANKLIN STREET
 SUITE 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PARKER, JACK
 CITY-ST-ZIP 2800 SOUTH OCEAN BLVD.
 BOCA RATON FL 33432

TITLE ☒ Change ☐ Addition
 NAME 9400 Gladiolus Drive, Suite 250
 STREET ADDRESS Ft. Myers FL 33908
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME PD
 STREET ADDRESS TURKEN, WALTER D.
 CITY-ST-ZIP 9400 GLADIOLUS DRIVE, SUITE 250
 FT. MYERS FL 33908

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GLICK, ADAM
 CITY-ST-ZIP 104-70 QUEENS BLVD
 FOREST HILLS NY 11375

TITLE ☒ Change ☐ Addition
 NAME 9400 Gladiolus Drive, Suite 250
 STREET ADDRESS Ft. Myers FL 33908
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME V
 STREET ADDRESS KNIZNER, DAVID
 CITY-ST-ZIP 9400 GLADIOLUS DRIVE, SUITE 250
 FT. MYERS FL 33908

TITLE ☒ Change ☐ Addition
 NAME VTS
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME AS
 STREET ADDRESS MITCHELL, STEPHEN J.
 CITY-ST-ZIP 201 N. FRANKLIN STREET
 TAMPA FL 33602

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME TS
 STREET ADDRESS REISMAN, JOHN
 CITY-ST-ZIP 9400 GLADIOLUS DRIVE, SUITE 250
 FT. MYERS FL 33908

TITLE ☒ Change ☐ Addition
 NAME DP
 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

Daytime Phone #

DAVID KNIZNER 4-25-00 941-481-5040