

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48451

1. Entity Name

THE GROVE AT PARKER LAKES, INC.

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

05-04-2000 90170 012 \*\*\*150.00

Principal Place of Business      Mailing Address  
 9400 GLADIOLUS DRIVE      9400 GLADIOLUS DRIVE  
 SUITE 250      SUITE 250  
 FT. MYERS FL 33908      FT. MYERS FL 33908-7600  
 US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2931389**

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          | D                                | <input type="checkbox"/> Delete            |
| NAME           | PARKER, JACK                     |  |
| STREET ADDRESS | 2800 S. OCEAN BLVD.              |  |
| CITY-ST-ZIP    | BOCA RATON FL 33432              |  |
| TITLE          | PD                               | <input checked="" type="checkbox"/> Delete |
| NAME           | TURKEN, WALTER D.                |  |
| STREET ADDRESS | 9400 GLADIOLUS DRIVE, SUITE 250  |  |
| CITY-ST-ZIP    | FT. MYERS FL 33908               |  |
| TITLE          | D                                | <input type="checkbox"/> Delete            |
| NAME           | GLICK, ADAM                      |  |
| STREET ADDRESS | 104-70 QUEENS BLVD               |  |
| CITY-ST-ZIP    | FOREST HILLS NY 11375            |  |
| TITLE          | V                                | <input type="checkbox"/> Delete            |
| NAME           | KNIZNER, DAVID                   |  |
| STREET ADDRESS | 9400 GLADIOLUS DRIVE, SUITE 250  |  |
| CITY-ST-ZIP    | FT MYERS FL 33908                |  |
| TITLE          | AS                               | <input type="checkbox"/> Delete            |
| NAME           | MITCHELL, STEPHEN J              |  |
| STREET ADDRESS | 201 N FRANKLIN STREET, STE. 2100 |  |
| CITY-ST-ZIP    | TAMPA FL 33602                   |  |
| TITLE          | VST                              | <input type="checkbox"/> Delete            |
| NAME           | REISMAN, JOHN                    |  |
| STREET ADDRESS | 9400 GLADIOLUS DRIVE, SUITE 250  |  |
| CITY-ST-ZIP    | FT MYERS FL 33908                |  |

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 9400 GLADIOLUS Drive, Suite 250  |
| STREET ADDRESS | Ft. Myers FL 33908   |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 9400 GLADIOLUS Drive, Suite 250  |
| STREET ADDRESS | Ft. Myers FL 33908   |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | VTS  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: **DAVID KNIZNER** 4-25-00 941-481-5040

Date

Daytime Phone #

CR2E034 (9/99)