

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90170 001 ***150.00

DOCUMENT # K61597

1. Entity Name

PARKER-POINCIANA, INC.

Principal Place of Business

Mailing Address

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

000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2927847

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

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

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	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
		9400 Gladiolus Drive, Suite 250	Ft. Myers FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		VTS		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
		DP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 4-2500 941-481-5040