

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-25-2002 90006 024 ****50.00

DOCUMENT # L00000012181

1. Entity Name

CLARK PARK, L.L.C.

Principal Place of Business

**2033 MAIN STREET, SUITE 600
 SARASOTA FL 34237**

Mailing Address

**2033 MAIN STREET, SUITE 600
 SARASOTA FL 34237**

2. Principal Place of Business

480 Blackburn Pt. Rd.
 Suite, Apt. #, etc.

3. Mailing Address

480 Blackburn Pt. Rd.
 Suite, Apt. #, etc.

City & State

Osprey FL

City & State

Osprey FL

Zip

34229

Country

Zip

34229

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PFLUGNER, J. GEOFFREY
 2033 MAIN STREET, SUITE 600
 SARASOTA FL 34237**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **NADOLSKI, LEN**
 STREET ADDRESS **26849 WEMBLEY COURT**
 CITY-ST-ZIP **FARMINGTON HILLS MI**

TITLE **MGR** ☐ Delete
 NAME **LEFEVRE, THOMAS**
 STREET ADDRESS **1310 OLD STICKNEY PT RD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)