# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000013945

1. Entity Name

CBD PARKING, LLC

AMENDED

FILED
01 AUG 13 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| ONE INDEPENDENT DRIVE<br>SUITE 200<br>JACKSONVILLE, FL 32202 | ONE INDEPENDENT DRIVE<br>SUITE 200<br>JACKONVILLE, FL 32202 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5295 Town Center Road | 5295 Town Center Road |
| Suite, Apt. #, etc.: 3rd Floor | Suite, Apt. #, etc.: 3rd Floor |
| City & State: Boca Raton, FL | City & State: Boca Raton, FL |
| Zip: 33486 Country: USA | Zip: 33486 Country: USA |

4. FEI Number 65-1065941 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM G. EVANS
ONE INDEPENDENT DRIVE
SUITE 200
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name: Harvey Scholl
Street Address (P.O. Box Number is Not Acceptable): 5295 Town Center Road 3rd Floor
City: Boca Raton, FL Zip Code: 33486

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] HARVEY SCHOLL 7-3-01
(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

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEMBER<br>HEISTAND, JAMES R.<br>512 EAST WASHINGTON ST., STE 200<br>ORLANDO, FL 32801 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEMBER<br>EVANS, WILLIAM G.<br>ONE INDEPENDENT DR., SUITE 200<br>JACKSONVILLE, FL 32202 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>600004536975--0<br>-08/16/01--01003--015<br>*****50.00 *****50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEMBER<br>TOOMEY, RICHARD J.<br>512 EAST WASHINGTON ST., SUITE 200<br>ORLANDO, FL 32801 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Manager<br>Harvey Scholl<br>5295 Town Center Road, 3rd Floor<br>Boca Raton, FL 33486<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (11/00)

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] 8/7/01 (904) 356-1978
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)