

4/22/2002-90152-02  
\* 8/11/2002-90169.

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90169 014 \*\*\*\*50.00  
04-22-2002 90152 025 \*\*\*\*50.00

DOCUMENT # L01000012193

1. Entity Name

PARKLAND DRIVE, LLC

Principal Place of Business

1211 GULF OF MEXICO DRIVE UNIT 910  
LONGBOAT KEY FL 34228

Mailing Address

1211 GULF OF MEXICO DRIVE UNIT 910  
LONGBOAT KEY FL 34228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Filing Number  
**383-34-1697**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTELLANO, NELSON T  
101 EAST KENNEDY BLVD.  
SUITE 2700  
TAMPA FL 33601

7. Name and Address of New Registered Agent

Name **BEN E. PRICE**  
Street Address (P.O. Box Number is Not Applicable)  
**2501 63RD AVE EAST**

City **BRADENTON** FL **34203**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MANAGING MEMBER</b>			
	<b>BEN E. PRICE</b>			
	<b>2501 63RD AVE EAST</b>			
	<b>BRADENTON, FL 34203</b>			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**7/12/02 941-756-6000**

Date

Daytime Phone #

CR2E083 (4/02)