

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91071 031 ***150.00

DOCUMENT # L32024

1. Entity Name
PARK WEST REALTY, INC.

Principal Place of Business
**1800 2ND STREET, SUITE 795-G
 SARASOTA FL 34236**

Mailing Address
**1800 2ND STREET, SUITE 795-G
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address
7061 S. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA, FLA

4. FEI Number **65-0158307**

Applied For
 Not Applicable

Zip

Country

Zip **34231** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GARRETT, DEBRA F.
 1800 2ND STREET
 SUITE 795-G
 SARASOTA FL 34236-5904**

7. Name and Address of New Registered Agent

Name **Debra Garrett**
 Street Address (P.O. Box Number is Not Acceptable)
7061 S. Tamiami Trail
 City **SARASOTA** **FL** Zip Code **34231**

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 **Debra Garrett**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-2001

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, 2001 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 **PD** ☐ Delete
 NAME **COOLEY, PAUL D.**
 STREET ADDRESS **1800 2ND STREET, STE 795G**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Paul D. Cooley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2001

Date

941-350-8598

Daytime Phone #

CPD 1000