

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

0842729 AT

**DOCUMENT # L62500**



1. Entity Name  
**PARKS INSURANCE CORPORATION**

04-23-2003 90196 048 \*\*\*150.00

Principal Place of Business  
**901 SW 60TH AVE  
OCALA FL 34474  
US**

Mailing Address  
**PO BOX 770788  
OCALA FL 34477  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3003963**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PARKS, JERRY W.  
901 SW 60TH AVENUE  
OCALA FL 34474**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PARKS, JERRY W.</b>	
STREET ADDRESS	<b>709 SE 15TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>O'ROURKE, EDWARD H, SR</b>	
STREET ADDRESS	<b>282 SE 50TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>SDT</b>	<input type="checkbox"/> Delete
NAME	<b>PALMER, MARGARET</b>	
STREET ADDRESS	<b>709 SE 15TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'FARRELL, J MICHAEL, JR</b>	
STREET ADDRESS	<b>4400 SW 27TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, DUNCAN</b>	
STREET ADDRESS	<b>200 S FOURTH ST</b>	
CITY-ST-ZIP	<b>GENEVA IL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jerry W. Parks* **JERRY W. PARKS** **4/21/03** **352-237-2164**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)