

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L94000000449

1. Entity Name

PARK CENTRAL COMMUNICATIONS, L.C.

Principal Place of Business

5145 CITY STREET
ORLANDO FL 32839

Mailing Address

5145 CITY STREET
ORLANDO FL 32839-4502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3277193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANTOR, HAL H
215 N EOLA DR
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

JOEL K. SLATER

Street Address (P.O. Box Number is Not Acceptable)

5145 CITY STREET

City

ORLANDO

FL

Zip Code

32839

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.

JOEL K. SLATER

(NOTE: Registered Agent signature required when reinstating)

4-15-00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
PARK CENTRAL PROPERTIES
5009 PARK CENTRAL DR
ORLANDO FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
ROFFEY, LUCAS E A
20 SHEPPARD SQUARE
WILLOWDALE ONTARIO CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
SLATER, JOEL K
5009 PARK CENTRAL DR
ORLANDO FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
SKELLEY, JEANNIE L
5009 PARK CENTRAL DR
ORLANDO FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700003243023 ☐ Change ☐ Addition
-05/08/00--01117--006
*****50.00 *****50.00

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

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

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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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 OR MANAGER

JOEL K. SLATER

Date

4/15/00

Daytime Phone #

407-851-6252

CR2E083 (9/99)