

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000987**

1. Entity Name

**PARKWAY INVESTMENTS OF ORLANDO, LLC**

FILED

00 JAN 26 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2900 PARKWAY BOULEVARD  
KISSIMMEE FL ~~33747~~

Mailing Address

2900 PARKWAY BOULEVARD  
KISSIMMEE FL 34747-4503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**58-2401296**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, MICHAEL  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

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.

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM** ☒ Delete  
STREET ADDRESS **INTERREDEC, INC., A DELAWARE CORPORATION**  
CITY-ST-ZIP **STERLING BLUFF**  
**RICHMOND HILL GA 31324**

TITLE NAME **MGRM** ☒ Change ☐ Delete  
STREET ADDRESS **PARKWAY HOLDINGS CORPORATION**  
CITY-ST-ZIP **2900 PARKWAY BLVD**  
**KISSIMMEE, FL 34747**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Delete  
STREET ADDRESS **900003118329**  
CITY-ST-ZIP **-02/01/00--01062--025**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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:

**K. SRIKANTHAN**  
**PRESIDENT**  
**PARKWAY HOLDINGS CORP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**1/11/2000 (407) 396-7**