

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003147

1. Entity Name

PARK MODEL LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:04

Principal Place of Business

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713

Mailing Address

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713-4059



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3546762

Applied For

Not Applicable

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

SCHERER III, CLARK H

2152 14TH CIRCLE NORTH
ST PETERSBURG FL 33713

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 MGR ☐ Delete
NAME TUCKER AGUIRRE, FRED C
STREET ADDRESS 131 ROSWELL STREET, SUITE B-1
CITY-ST- ZIP ALPHARETTA GA 30001

TITLE ☒ Change ☐ Addition
NAME Aguirre, Fred C.
STREET ADDRESS
CITY-ST- ZIP

TITLE MGR ☐ Delete
NAME SCHERER, CLARK H III
STREET ADDRESS 2152 14TH CIRCLE NORTH
CITY-ST- ZIP ST PETERSBURG FL 33713

TITLE ☐ Change ☐ Addition
NAME *rfc 3/16/00*
STREET ADDRESS
CITY-ST- ZIP

TITLE MGR ☐ Delete
NAME SERTICH, LARRY
STREET ADDRESS 131 ROSWELL STREET, SUITE B-1
CITY-ST- ZIP ALPHARETTA GA 30001

TITLE ☐ Change ☐ Addition
NAME 9000003179779--9
STREET ADDRESS -03/22/00--01047--010
CITY-ST- ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST- ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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:

Fred C. Aguirre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2.25.00

727.327.1089

Date

Daytime Phone #

CR2E083 (9/99)