

2000 UNIFORM BUSINESS REPORT (UBR)

0006845 AF

DOCUMENT # L99000001301

1. Entity Name
PARKLAND FINANCE L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:49

Principal Place of Business
400 CLEMATIS STREET, SUITE 206
WEST PALM BEACH FL 33401

Mailing Address
400 CLEMATIS STREET, SUITE 206
WEST PALM BEACH FL 33401-5322



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

65-0898802

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

STUTMAN, BRIAN
400 CLEMATIS STREET, SUITE 206
WEST PALM BEACH FL 33401

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
STUTMAN, BRIAN
400 CLEMATIS STREET, SUITE 206
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003159474--6
-03/07/00--01003--017
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STUTMAN, LEE-ELLEN
400 CLEMATIS STREET, SUITE 206
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mf 311100 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHOLTES, JOHN
400 CLEMATIS STREET, SUITE 206
WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE
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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

Date

Daytime Phone #

CR2E083 (9/99)