

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007067 AF

DOCUMENT # L99000002619

1. Entity Name
PARKLAND TOWN CENTER, L.L.C.

00 MAY 10 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
340 ROYAL POINCIAN PLAZA, STE C
PALM BEACH FL 33480

Mailing Address
340 ROYAL POINCIAN PLAZA, STE C
PALM BEACH FL 33480-4048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
340 Royal Poinciana Way
Suite, Apt. #, etc.
Ste. 3C

3. Mailing Address
340 Royal Poinciana Way
Suite, Apt. #, etc.
Ste. 3C

City & State
Palm Beach, FL
Zip
33480
Country

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Palm Beach, FL
Zip
33480
Country

4. FEI Number
65-0918851
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KOZOKOFF, NEIL J
C/O PARKLAND CORPORATION
340 ROYAL POINCIANA WAY, STE 3C
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
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 _____ (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	KOZOKOFF, NEIL J	340 ROYAL POINCIANA WAY, STE 3C	PALM BEACH FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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: NEIL KOZOKOFF, Manager SIGNATURE REQUIRED
4/11/00 561-802-3823
Date Daytime Phone #

CR 2E/83 (9/99)