

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 28 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012742 AF

DOCUMENT # M95000000277

1. Entity Name
PRIME PARK INVESTORS, LLC

Principal Place of Business

2 POND'S EDGE DRIVE
CHADDS FORD PA 19317

Mailing Address

P.O. BOX 999
CHADDS FORD PA 19317-0503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2813977

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOSEPH W. GAYNOR, P.A.~~

~~2637 MCCORMICK DRIVE SUITE B
CLEARWATER FL 33759~~

*Filed change form
2/24/00*

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 ☐ Delete
MGRM FAIRVIEW CORPORATION
STREET ADDRESS 2 PONDS EDGE DRIVE
CITY-ST-ZIP CHADDS FORD PA 19317

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
600003249916--6
-05/12/00--01021--015
*****55.00 *****55.00

TITLE NAME ☐ Delete
MGRM PARKEMORE CORPORATION
STREET ADDRESS 2 PONDS EDGE DRIVE
CITY-ST-ZIP CHADDS FORD PA 19317

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

President of Parkemore Corp., managing member

MAR 27 2000

(610) 358-9600

CR2E083 (9/99)