

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005188

1. Entity Name

PARKER PLACE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

1003 S FLORIDA AVE
LAKELAND FL 33803

Mailing Address

1003 S FLORIDA AVE
LAKELAND FL 33803

2. Principal Place of Business

122 E. Pine Street

Suite, Apt. #, etc.

3. Mailing Address

122 E. Pine Street

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

Country

33801-4965 USA

Zip

Country

33801-4965 USA

4. FEI Number

59-3676122

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAGWELL, JEFF
1003 S FLORIDA AVE
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Bagwell, Jeff

Street Address (P.O. Box Number is Not Acceptable)

122 E. Pine Street

City

Lakeland,

FL

Zip Code

33801-4965

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

Jeff Bagwell

Jeff Bagwell

3-13-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAGWELL, JEFF 1003 S FLORIDA AVE LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NOLAN, JULIE 1003 S FLORIDA AVE LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCREYNOLDS, JILL 1003 S FLORIDA AVE LAKELAND FL 33803	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jill McReynolds REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90047 049 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)