

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07883

1. Entity Name

PARK HEALTH CORPORATION

Principal Place of Business

Mailing Address

1870 ALOMA AVENUE  
SUITE 200  
WINTER PARK FL 32789  
US

P.O. BOX 2647  
WINTER PARK FL 32790-2647  
US

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

59-2618430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHMORE, PATRICIA M  
1870 ALOMA AVENUE  
SUITE 200  
WINTER PARK FL 32789

Name

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

City

FL

Zip Code

32789

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

Patricia M. Ashmore, President

January 5, 2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ASHMORE, PATRICIA M  
STREET ADDRESS 1870 ALOMA AVENUE, SUITE 200  
CITY-ST-ZIP WINTER PARK FL ☐ Delete

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

TITLE CD  
NAME GRAMMER, LESLIE C JR  
STREET ADDRESS 333 TRISMEN TERR  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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

TITLE VD  
NAME YOCHUM, THOMAS H  
STREET ADDRESS 1131 VIA LUGANO  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

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

TITLE TSD  
NAME POOLE, MICHAEL W  
STREET ADDRESS 222 W COMSTOCK AVE #200  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

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

TITLE TSD  
NAME SEYMOUR, THADDEUS  
STREET ADDRESS 1350 COLLEGE POINT  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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

TITLE VD  
NAME WALKER, WILLIAM A. II  
STREET ADDRESS 2171 GLENCOE ROAD  
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

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

SIGNATURE REQUIRED

PATRICIA M. ASHMORE, PRESIDENT 1/5/00 (407) 644-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 24, 2000 8:00 am  
Secretary of State

01-24-2000 90078 024 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)