

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

0008518

**DOCUMENT # N16258**

1. Entity Name

**VICTORIA PARK RESIDENTS, INC.**

02-27-2001 90002 006 \*\*\*\*61.25

Principal Place of Business

% PERMAN SHEPARD  
 104 BIG BEN DR.  
 DAYTONA BCH. FL 32117  
 US

Mailing Address

% PERMAN SHEPARD  
 104 BIG BEN DR.  
 DAYTONA BCH. FL 32117  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2657659**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SHERPARD, PERMAN  
 104 BIG BEN DR.  
 DAYTONA BCH. FL 32117**

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

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	PD	<input type="checkbox"/> Delete
NAME	SHEPARD, PERMAN	
STREET ADDRESS	104 BIG BEN DR.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COUNTS, EMERY	
STREET ADDRESS	108 BIG BEN DR	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, LINDA	
STREET ADDRESS	112 BIG BEN DR.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MITCHNER, DORIS	
STREET ADDRESS	120 BIG BEN DR.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 persons empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/19/2001*

Date

Daytime Phone #

CR2E037 (10/00)