

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90004 046 \*\*\*\*61.25

AVU0J40J

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N20158

1. Entity Name  
 OCALA PARK CENTRE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business  
 c/o Arvida Co.  
 7900 Glades Road  
 Suite 200  
 Boca Raton, FL 33434

Mailing Address  
 c/o Arvida Co.  
 7900 Glades Road  
 Suite 200  
 Boca Raton, FL 33434

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  
 65-0039166

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

BARIC, JOHN  
 ARVIDA COMPANY  
 7900 GLADES ROAD, SUITE 200  
 BOCA RATON, FL 33434

**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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MARKO, CAROLE 7900 GLADES ROAD, STE. 200 BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GADINSKY, EDWARD 200 S. BISCAYNE BLVD. MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULMER, INGRID 7900 GLADES ROAD, STE. 200 BOCA RATON, FL 33434 <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	PDT PASKOW, ROY 7900 GLADES ROAD, STE. 200 BOCA RATON, FL 33434 <input 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
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: Ray G. Paskow 7/14/00 (954) 389-2950  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2 0037 0117

N20158

AC00463

**ARVIDA**

Arvida®  
7900 Glades Road  
Suite 200  
Boca Raton, FL 33434  
Phone 561.479.1100  
Fax 561.479.1226

PATTY COSTA: (561) 479-1161  
FAX: (561) 479-1227

July 19, 2000

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

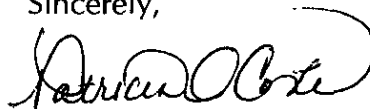
Re: **OCALA PARK CENTRE MAINTENANCE ASSOCIATION, INC.**

Dear Sir or Madam:

Enclosed herewith is the original Nonprofit Uniform Business Report for the above-referenced corporation, together with our check payable to the Department of State in the amount of \$61.25.

Thank you for your assistance in this regard. If you should have any questions, please contact me at the above address or telephone number.

Sincerely,



Patricia A. Costa  
Assistant to John Baric,  
General Counsel

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Enclosures