## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 23, 2000 8:00 am Secretary of State **DOCUMENT # N26296** 1. Entity Name PARKWAY INTERNATIONAL OWNERS ASSOCIATION, INC. 05-23-2000 90229 047 \*\*\*\*70.00 Mailing Address Principal Place of Business 2345 SAND LAKE RD 6200 SAFARI TRAIL SUITE 100 KISSIMMEE FL 32741 ORLANDO FL 32809-9120 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4, FEI Number Applied For City & State City & State 59-2952750 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired ヌ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KORSHAK, STEPHEN D. 2345 SAND LAKE RD. **STE 120** Zip Code City ORLANDO FL 32809 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **VPD** TITLE Change ☐ Delete VP TITLE ROMAN, ROBERT NAME NAME Roman, Robert STREET ADDRESS STREET ADDRESS 4816 COREY RD 2345 Sand Lake Road, Suite 100 CITY-ST-ZIP CITY-ST-ZIP Orlando. Fl 32809 **TOLEDO OH 43623** ☐ Addition Change ☐ Delete TITLE TITLE PD NAME MYERS, JULIE M NAME Myers, Julie M. STREET ADDRESS STREET ADDRESS 18802 NORTH 20TH DRIVE 2345 Sand Lake Road, Suite 100 CITY-ST-ZIP CITY-ST-ZIP Orlando, Fl 32809 PHOENIX AZ 85027-5755 D ~ ---- . TITLE DS TITLE ... ~ Delete NAME Snyder, arthur b (1) NAME Prince, Don STREET ADDRESS 2345 Sand Lake Road, Suite 100 STREET ADDRESS 3711 DEL PRADO BLVD 9 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 <u>Orlando, Fl 32809</u> ☐ Addition Change TITLE TSD ☐ Delete TIT1 E NAME De Marinis, Vicent Jr. NAME de marinis, vincent jr STREET ADDRESS 117 ROYAL PINE CIRCLE N STREET ADDRESS 2345 Sand Lake Road, Suite 100 CITY-ST-ZIP <u>Orlando, Fl 32809</u> CITY-ST-ZIP ROYAL PALM BEACH FL 33411 **K** Change Addition TITI F ☐ Delete TITLE NAME Wood, Arthur Jr. NAME wood, arthur Jr STREET ADDRESS STREET ADDRESS BOX 952-19 2345 Sand Lake Road, Suite 100 CITY-ST-ZIP CITY-ST-7IP Orlando, Fl 32809 AUGUSTA ME 04330 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.

ISIGMATMIBE REGulter Myers 4/27/2000 SIGNATURE: 3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

859-8900 (407)

Date

Daytime Phone #