

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91247 012 \*\*\*\*61.25

**DOCUMENT # N28689**

1. Entity Name

**PROFESSIONAL PARK OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O EVAN E. DUSSIA, II  
 1911 MICCOSUKEE ROAD  
 TALLAHASSEE FL 32308

C/O EVAN E. DUSSIA, II  
 1911 MICCOSUKEE ROAD  
 TALLAHASSEE FL 32308

**551888**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DUSSIA, EVAN EARL II M.D.**  
**1911 MICCOSUKEE RD.**  
**TALLAHASSEE FL 32308**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME DUSSIA, EVAN E., II  
 STREET ADDRESS ~~1612 W. PLAZA DR.~~  
 CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1911 MICCOSUKEE RD  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME MCLARTY, E. LYNN  
 STREET ADDRESS 1904 MICCOSUKEE ROAD  
 CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D ☐ Delete  
 NAME MUNASIFI, FAISEL  
 STREET ADDRESS 1407 M.D. LANE  
 CITY-ST-ZIP TALLAHASSEE FL

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

TITLE ED ☐ Delete  
 NAME VINCENT, PRICE H. JR.  
 STREET ADDRESS 560 FRANKSHAW RD  
 CITY-ST-ZIP TALLAHASSEE FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

05/04/01

CR2E037 (10/00)