

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

NOT APPLICABLE

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

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  
NAME DUSSIA, EVAN E., II  
STREET ADDRESS 1911 MICCOSUKEE RD.  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

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

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

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

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

TITLE ED  
NAME VINCENT, PRICE H. JR.  
STREET ADDRESS 500 FRANKSHAW RD  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: *Evan E. Dussia*

SIGNATURE REQUIRED

EVAN E. DUSSIA

FILED  
Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90016 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)