

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004279

1. Entity Name

PARKLAND'S BUILD-A-PARK, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90073 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3300 UNIVERSITY DRIVE  
SUITE 301  
CORAL SPRINGS FL 33065

PO BOX 8380  
CORAL SPRINGS FL 33075-8380

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  
**65-0773889**

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GORDON, MICHAEL  
3300 UNIVERSITY DRIVE  
SUITE 301  
CORAL SPRINGS FL 33065

## 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	D	<input type="checkbox"/> Delete
NAME	GORDON, MICHAEL	
STREET ADDRESS	3300 UNIVERSITY DR, STE 301	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, KAREN	
STREET ADDRESS	63825 NW 77 PLACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>LEYLAND, KATIE</del>	
STREET ADDRESS	<del>301 MIDWAY RD</del>	
CITY-ST-ZIP	<del>PITTSBURG PA 15216</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIGHT, CONNIE	
STREET ADDRESS	7911 WEST UPPER RIDGE DRIVE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBBIE BECK	
STREET ADDRESS	7008 HIALEAH COURT	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBBIE FRIEDMAN	
STREET ADDRESS	7910 WEST UPPER RIDGE DRIVE	
CITY-ST-ZIP	PARKLAND, FL 33067	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J.B. FROST	
STREET ADDRESS	7502 APPALACHIAN LANE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICKY GORDON	
STREET ADDRESS	6381 NW 63 WAY	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHY KAUTZ	
STREET ADDRESS	8100 BLUERIDGE LANE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT MARKS	
STREET ADDRESS	7121 EAST CYPRESSHEAD DRIVE	
CITY-ST-ZIP	PARKLAND, FL 33067	
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 like empowered.

SIGNATURE: MICHAEL E. GORDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000 (954) 341-8700

Date

Daytime Phone #