

2000 UNIFORM BUSINESS REPORT (UBR)

091800

DOCUMENT # N97000004279

1. Entity Name

Parkland's Build-A-Park, Inc
(Amended Return)

FILED

00 SEP 20 PM 2:17

Principal Place of Business

6321 NW 58th Way
Parkland, FL 33067

Mailing Address

6574 N. St. Rd 7,
#315
Coconut Creek, FL 33073

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

6321 NW 58th Way
Suite, Apt. #, etc.

3. Mailing Address

6574 N. St. Rd 7 #315
Suite, Apt. #, etc.

Amended

DO NOT WRITE IN THIS SPACE

City & State

Parkland, FL

City & State

Coconut Creek, FL

4. FEI Number

65-0773889

Applied For

Not Applicable

Zip

33067

Country

Broward

Zip

33067

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 McChristian, Paula
Street Address (P.O. Box Number is Not Acceptable)
6321 NW 58th Way
City Parkland FL Zip Code 33067

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

Paula McChristian, Treasurer

8-6-00

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 checked="" 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	Beck, Deborah	
STREET ADDRESS	7008 N. Daleah Court	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	Light, Connie	
STREET ADDRESS	7911 W. Upper Ridge Drive	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McChristian, Paula	
STREET ADDRESS	6321 NW 58th Way	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500003408985	
CITY-ST-ZIP	09/29/00 01013-009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	*****61.25	
CITY-ST-ZIP	***8361.25	
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		
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:

Paula McChristian Paula McChristian 8/30/00 954-346-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)