

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90076 036 \*\*\*\*61.25

**DOCUMENT # N99000006162**

1. Entity Name

**PARK AVENUE FIVE OFFICE OWNERS ASSN.**

Principal Place of Business

101-1 N.W. 75TH ST.  
GAINESVILLE FL 32607

Mailing Address

101-1 N.W. 75TH ST.  
GAINESVILLE FL 32607

24588



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3618576**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PLA, JOHN M**  
**101-1 N.W. 75TH ST.**  
**GAINESVILLE FL 32607**

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 ☐ Delete  
NAME **PLA, JOHN M**  
STREET ADDRESS **101-1 N.W. 75TH ST.**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☒ Delete  
NAME **COOPER, MICHAEL**  
STREET ADDRESS **321 N.W. 3RD AVE.**  
CITY-ST-ZIP **OCALA FL 34475**

TITLE ☐ Delete  
NAME **KARADCHEH, ADIL J**  
STREET ADDRESS **908 N.W. 57TH ST.**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME **Arny L. Howard**  
STREET ADDRESS **101 NW 75th ST, #1**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

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

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

TITLE ☐ Change ☐ Addition  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/02**

Date

**352-331-1111**

Daytime Phone #

CR2E037 (9/01)