

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90155 018 ****61.25

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

908 NW 57th ST

Suite, Apt. #, etc.

4907 NW 43rd ST, F

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32605

Country

USA

Zip

32606

Country

USA

4. FEI Number **59-3618576**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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)

4907 NW 43rd ST

Suite F

City

Gainesville

FL

Zip Code

32606

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☒ Delete
NAME **HOWARD, AMY L**
STREET ADDRESS **101 NW 75TH ST., #1**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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 **4907 NW 43rd ST, Suite F**
CITY-ST-ZIP **Gainesville, FL 32606**

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

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

TITLE ☐ Change ☒ Addition
NAME **D Magda Attia**
STREET ADDRESS **4000 Newberry Rd.**
CITY-ST-ZIP **Gainesville, FL 32605**

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

5/6/03

352-331-111

CR2E037 (10/02)