

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED**Mar 01, 2001 8:00 am**
Secretary of State

02-06-2001 90272 036 ***150.00

DOCUMENT # P00000034216

1. Entity Name

PARKWAY FINANCIAL CORPORATION

Principal Place of Business

**3606 PARKWAY BLVD.
LEESBURG FL 34748**

Mailing Address

**3606 PARKWAY BLVD.
LEESBURG FL 34748**

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

59-3636200

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

**MASON, MICHAEL P
4013 MAGNOLIA DRIVE
LEESBURG FL 34748**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	MASON, MICHAEL P		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	4013 MAGNOLIA DRIVE		LEESBURG FL 34748				
	D	<input type="checkbox"/> Delete	MASON, BENJAMIN L JR.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	1917 SOUTH STREET APT. 4		LEESBURG FL 34748				
	D	<input type="checkbox"/> Delete	MASON, B. LEWIS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	1517 TERRACE GREEN DRIVE		LEESBURG FL 34748				
	D	<input type="checkbox"/> Delete	MASON, CECILIA		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	1517 TERRACE GREEN DRIVE		LEESBURG FL 34748				
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-01

Date

3524350590

Daytime Phone #

CR2E034 (10/00)