

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90119 036 \*\*\*550.00

**DOCUMENT # P00000072701**

1. Entity Name  
**EAST PARK PLACE, INC.**

Principal Place of Business Mailing Address  
**1723 W DAUGHTERY ROAD 1723 W DAUGHTERY ROAD**  
**LAKELAND FL 33810 LAKELAND FL 33810**

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 **59-3665133** 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

**WAKSLER, GRI**  
**1625 WEST MARION AVENUE SUITE 2**  
**PUNTA GORDA FL 33950**

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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
	<b>D</b>	<b>ROBERTS, PHILEMON G</b>	<b>1723 W DAUGHTERY ROAD</b> <b>LAKELAND FL 33810</b>				
	<b>D</b>	<b>PEEPLER, JOHN W</b>	<b>6619 BRAHMAN DRIVE</b> <b>LAKELAND FL 33810</b>				
	<b>D</b>	<b>ROBERTS, J.T. JR</b>	<b>2324 GIBSONIA-GALLOWAY ROAD</b> <b>LAKELAND FL 33809</b>				

CR2E034 (4/02)

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 REQUIRED**  
 Signature and typed or printed name of signing officer or director  
**PHILEMON G. ROBERTS**  
**9/8/02 (863) 258-2405**

Date Daytime Phone #