

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90010 040 \*\*\*150.00

**DOCUMENT # P01000055496**

1. Entity Name

**ROBLEE PARK CORPORATION**

Principal Place of Business

707 DEL WEBB BLVD. WEST  
SUN CITY CENTER FL 33573

Mailing Address

707 DEL WEBB BLVD. WEST  
SUN CITY CENTER FL 33573

2. Principal Place of Business

11902 Sugarberry Drive

Suite, Apt. #, etc.

3. Mailing Address

11902 Sugarberry Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Riverview, FL

City & State

Riverview, FL

4. FEI Number

59-3726132

Applied For

Not Applicable

Zip

33569

Country

USA

Zip

33569

Country

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~PLYE, TERRENCE F~~  
707 DEL WEBB BLVD. WEST  
SUN CITY CENTER FL 33573

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, 2002 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

TITLE D  
NAME PYLE, TERRENCE F  
STREET ADDRESS 707 DEL WEBB BLVD. WEST  
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D  
NAME PERRY, WILLIAM M.  
STREET ADDRESS 11902 Sugarberry Drive  
CITY-ST-ZIP Riverview, FL 33569 ☒ Change ☐ Addition

TITLE S, T, D  
NAME PERRY, HILDA S.  
STREET ADDRESS 11902 Sugarberry Drive  
CITY-ST-ZIP Riverview, FL 33569 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)