

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005174

1. Entity Name

PEACEFUL ACRES PARK, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90169 007 ***150.00

Principal Place of Business Mailing Address
35310 HWY. 54 WEST 35310 HWY. 54 WEST
ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541
US US

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 **59-3154703** Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, CARL D
35310 HWY. 54 WEST
ZEPHYRHILLS FL 33541

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINSKY, MICHAEL	
STREET ADDRESS	601 E. TWIGGS STREET, STE. 200	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILD, JOHNNY	
STREET ADDRESS	25520 OAKS BLVD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, CARL D	
STREET ADDRESS	35310 HWY 54 WEST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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

2/7/00 (813) 778-7705
Date Daytime Phone #