2000 UNIFORM BUSINESS REPORT (UBR)

0100219

DOCUMENT # P93000079730

1. Entity Name

M & C ENTERPRISES OF SEBRING, INC.

FILED

00 APR -3 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3025 SILVER STAR RD. #107 ORLANDO FL 32808 US	3025 SILVER STAR ROAD 107 ORLANDO FL 32808-4650 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

02/08/00 90058005 9 150

4. FEI Number 65-0440976 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL T. CARR
3025 SILVER STAR RD.
#107
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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 Checks 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	DTS CARR, INGA K 3025 SILVER STAR RD. ORLANDO FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARR, RUSSELL T 3025 SILVER STAR RD. ORLANDO FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

SP

CR2E034 (0/00)

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: Inga K. Carr 3-28-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

P81092

DOCUMENT # 743808

03-03-2000 90007 001 ****61.25

FILED 743808

00 APR -3 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3201 S W LANDALE BLVD PORT ST LUCIE FL 34953-6358	3201 S W LANDALE BLVD PORT ST LUCIE FL 34953-6358

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 59-2058764 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, R A
421 SW RUFFNER CT
PSL FL 34953

7. Name and Address of New Registered Agent

Name: JOAN E. PARSLOW

Street Address (P.O. Box Number is Not Acceptable): 3033 SW Longleaf Ct.

City: Port St. Lucie FL Zip Code: 34953

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: Joan E. Parslow — Joan E. Parslow — President — 02/01/00
(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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TD DUPREE, CARMELA 3161 SW ANDALE BLVD PORT ST. LUCIE FL 34953	☐ Delete			☐ Change ☐ Addition
TD GEYER, J DONALD 457 SW EASTPORT CIR PORT ST. LUCIE FL 34953	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Peggy Stewart 750 SW Longleaf Place PSL, FL 34953	☒ Change ☐ Addition
VD PARSLOW1, JOAN 3033 SW LONGLEAF CRT PORT ST. LUCIE FL 34953	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilda Weaver 620 SW Everett Ct. PSL, FL. 34953	☒ Change ☐ Addition
D MESSER, KAREN 242 SW BRIDGEPORT DR PORT ST LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MESSER, KAREN 242 SW Bridgeport Dr. PSL, FL 34953	☒ Change ☐ Addition
D TEBBS, NORMA 333 SW BELMONT CIR PORT ST LUCIE FL 34953	☐ Delete			☐ Change ☐ Addition
D WEAGLE, JEFFREY A 357 SW BELMONT CIR PORT ST LUCIE FL 34953	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christian Worhle, Director 734 SW Bridgeport Dr. Port St. Lucie, FL 34953	☒ Change ☐ Addition

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CFI2E037 (9/99)

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: Joan E. Parslow — Joan E. Parslow, President — 02/01/00 — 561-336-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

74 3800

00015450

Pg 2 of 2

Attachment

PD
Joan E. Parslow
3033 SW Long Leaf Court
Port St. Lucie, FL 34953

D
Rev. Francis E. Maloney
482 SW Bridgeport Drive
Port St. Lucie, FL 34953