

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90008 049 ***550.00

DOCUMENT # P94000039190

1. Entity Name

PARK RIDGE ESTATES, INC.

Principal Place of Business

Mailing Address

1418 PARK AVE
GOTHA FL 34734
US

7358 WOODKNOT COURT
ORLANDO FL 32801-2439

2. Principal Place of Business

33 E Robinson st.

3. Mailing Address

33 E Robinson st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

800

200

City & State

Orlando FL

City & State

Orlando FL

Zip

32801

Country

Orange

Zip

32801

Country

Orange

4. FEI Number

59-3246122

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

HUSSEY, JOHN
37 N ORANGE AVE
SUITE 620
ORLANDO FL 32801

Name **Hussey John**

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

33 E Robinson st

Suite 200

City **Orlando**

FL

Zip Code **32801**

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

6/27/00

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **HUSSEY, JOHN**
STREET ADDRESS **37 N ORANGE AVE STE 620**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **PTD** ☒ Change ☐ Addition
NAME **Hussey, John**
STREET ADDRESS **33 E Robinson st. ste 200**
CITY-ST-ZIP **Orlando FL 32801**

TITLE **SVD** ☐ Delete
NAME **HUSSEY, THOMAS**
STREET ADDRESS **37 N ORANGE AVE STE 620**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **SVD** ☒ Change ☐ Addition
NAME **Hussey, Thomas**
STREET ADDRESS **37 N. Orange Ave ste 100**
CITY-ST-ZIP **Orlando FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

6/27/00

Date

(407) 843-1111

Daytime Phone #