

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90352 038 \*\*\*150.00

**DOCUMENT # R94000043291**

1. Entity Name

**CENTREPARK INVESTMENT CORP**

Principal Place of Business

**505 S FLAGLER DRIVE  
 SUITE 1100  
 WEST PALM BEACH FL 33401  
 US**

Mailing Address

**505 S FLAGLER DRIVE  
 SUITE 1100  
 WEST PALM BEACH FL 33401  
 US**

2. Principal Place of Business

**521 E Morehead Street**

Suite, Apt. #, etc.

**Suite 540**

City & State

**Charlotte NC**

Zip

**28202**

Country

**USA**

3. Mailing Address

**521 E Morehead Street**

Suite, Apt. #, etc.

**Suite 540**

City & State

**Charlotte NC**

Zip

**28202**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0502823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, LARRY B**

**505 S FLAGLER DRIVE**

**SUITE 1100**

**WEST PALM BEACH FL 33401**

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, 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	DPST	<input type="checkbox"/> Delete
NAME	LOWREY, JAMES J	
STREET ADDRESS	12032 EAST END	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOWREY, JESSICA	
STREET ADDRESS	12030 EAST END	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NAVARRO, FRANK E	
STREET ADDRESS	1060 W BEAVER CREEK BLVD SUITE 2B	
CITY-ST-ZIP	AVON CO 91620	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LENEHAN, TRACY L	
STREET ADDRESS	12032 EAST END	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12032 EAST END
CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	521 E Morehead Street, Ste 540
CITY-ST-ZIP	Charlotte NC 28202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**FRANK E NAVARRO**

**4/25/02 (704) 372-0475**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)