

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075147

1. Entity Name

THE PARK GROUP REALTY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90262 050 ***150.00

Principal Place of Business	Mailing Address
9801 PERFECT DR PORT ST. LUCIE FL 34986	13370 PROSPECT ROAD STRONGSVILLE OH 44136-3854 US

2. Principal Place of Business	3. Mailing Address
1700 MEMULLEN BOOTH RD SUITE, APT. #, ETC. C1	1700 MEMULLEN BOOTH RD SUITE, APT. #, ETC. C1
CITY & STATE CLEARWATER, FL	CITY & STATE CLEARWATER, FL
Zip 33759	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3284106	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUZZITIELLO, ROSS 4153 ARLINGTON DR PALM HARBOR FL 34685	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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUZZITIELLO, ROSS AS 1 WOODLANDS BLVD OLDSMAR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Puzzitello, Ross A. 1700 MEMULLEN BOOTH RD. CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIERLICH, JOHN K 1 WOODLANDS BLVD OLDSMAR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nierlich, John K. 1700 MEMULLEN BOOTH RD. CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUZZITIELLO, RICHARD 1 WOODLANDS BLVD OLDSMAR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Puzzitello, Richard A. 1700 MEMULLEN BOOTH RD. CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PUZZITIELLO, RICHARD JR 13370 PROSPECT RD STRONGSVILLE OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ROSS A. PUZZITIELLO 11/21/00 727-793-9805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #