

# 2002 UNIFORM BUSINESS REPORT (UBR)

0094512 AV

**DOCUMENT # P95000035403**  
 1. Entity Name  
**WINDCREST/PARKSIDE II, INC.**

Principal Place of Business: **950 N. ORLANDO AVENUE**  
~~SUITE 320~~  
**WINTER PARK FL 32789**

Mailing Address: **P.O. BOX 4961**  
**ORLANDO FL 32802-4961**

2. Principal Place of Business: Suite, Apt. #, etc. **SUITE 120**

3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**FILED**  
**02 APR 17 AM 10: 53**  
**SECRETARY OF STATE**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3328411** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**B&C CORPORATE SERVICES OF CENTRAL FL., INC.**  
**390 NORTH ORANGE AVENUE**  
**SUITE 1100**  
**ORLANDO FL 32801**

**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: \_\_\_\_\_ (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**

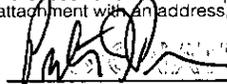
**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PALMER, CHARLES B</b>	
STREET ADDRESS	<b>950 N. ORLANDO AVENUE, SUITE 320</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOBINCHUCK, ROBERT M</b>	
STREET ADDRESS	<b>701 BRAZOS ST SUITE 900</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78701</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>KENT, MARK</b>	
STREET ADDRESS	<b>701 BRAZON ST SUITE 900</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78701</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALMER, CHARLES B.</b>	
STREET ADDRESS	<b>950 N. ORLANDO AVE. SUITE 120</b>	
CITY-ST-ZIP	<b>WINTER PARK, FL. 32789</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>800005348148--9</b>	
CITY-ST-ZIP	<b>-04/25/02--01048--009</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>***158.75</b>	
CITY-ST-ZIP	<b>158.75</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PERRONE, PRESTON I.</b>	
STREET ADDRESS	<b>950 N. ORLANDO AVE. SUITE 120</b>	
CITY-ST-ZIP	<b>WINTER PARK, FL. 32789</b>	
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:**  **PRESTON I. PERRONE - PRESIDENT** **2/11/02** **407-628-4544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/01)