

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/24/00-90094-041-\$150.00-\$150.00

DOCUMENT # P95000067146

1. Entity Name

UNIVERSITY PARK RESALE CORPORATION

FILED

00 JUN -2 PM 2: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10353 FRUITVILLE RD  
SARASOTA FL 34240  
US

Mailing Address

PO BOX 3556  
SARASOTA FL 34230-3556  
US

2. Principal Place of Business

23 Oak Point Drive

3. Mailing Address

23 Oak Point Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

AMELIA ISLAND FL

City & State

AMELIA ISLAND, FL

4. FEI Number

65-0624220

Applied For

Not Applicable

Zip

32034

Country

USA

Zip

32034

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMUCKER, DONALD W ESQ.  
10353 FRUITVILLE RD.  
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

Martyn Reece

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

23 Oak Point Drive

Amelia Island

FL

Zip Code  
32034

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

4/18/00

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

TITLE P  
NAME MCLAUGHLIN, R J  
STREET ADDRESS 5257 CAPE LEYTE WAY  
CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE P  
NAME Martyn Reece  
STREET ADDRESS 23 Oak Pt. Dr.  
CITY-ST-ZIP Amelia Island, FL 32034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. I hereby certify that the information supplied with this filing does not contain any information exempted from public inspection 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. 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)