

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90057 041 \*\*\*150.00

**DOCUMENT # P96000053765**

1. Entity Name

**PARADISE HOMES OF POLK COUNTY, INC.**

Principal Place of Business

Mailing Address

**4110 SOUTH FLORIDA AVENUE  
 LAKELAND FL 33813**

**4110 SOUTH FLORIDA AVENUE  
 LAKELAND FL 33813-1674**

2. Principal Place of Business  
**120 Allamanda Drive**

3. Mailing Address  
**120 Allamanda Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Lakeland, FL**

City & State  
**Lakeland, FL**

Zip  
**33803**

Country  
**USA**

Zip  
**33803**

Country  
**USA**

4. FEI Number **59-3396176**

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

**STEPHENS, DONALD K  
 4110 SOUTH FLORIDA AVENUE  
 LAKELAND FL 33813**

**120 Allamanda Drive  
 Lakeland, FL USA  
 33803**

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

*Donald K. Stephens*

1/10/00

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, 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 **D** ☐ Delete  
 NAME **STEPHENS, DONALD K**  
 STREET ADDRESS **4110 SOUTH FLORIDA AVENUE**  
 CITY-ST-ZIP **LAKELAND FL 33813**

**120 Allamanda Drive  
 Lakeland, FL 33803**

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

TITLE **D** ☐ Delete  
 NAME **MARSHALL, DAVID W**  
 STREET ADDRESS **404 EMERALD COVE LOOP**  
 CITY-ST-ZIP **LAKELAND FL 33813**

**3411 Ashling Dr  
 Lakeland, FL 33803**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donald K. Stephens*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

863-687-4805

Date Daytime Phone #

X 221