

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000072932**

1. Entity Name

PARK POINT HOLDING, INC.**FILED****Mar 22, 2000 8:00 am**
Secretary of State

03-22-2000 90006 031 ***150.00

Principal Place of Business

**3304 S.W. 34TH CIR.
OCALA FL 34474
US**

Mailing Address

**P.O. BOX 4338
OCALA FL 34478-4338
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3397475

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

**BARFIELD, TODD
4904 SE 7 PL
~~#2885~~
OCALA FL 34471**

Name

Todd Barfield

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

4904 SE 7th Place

City

Ocala**FL**

Zip Code

34471

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

Todd Barfield President 3/1/20009. 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	P	<input type="checkbox"/> Delete
NAME	BARFIELD, TODD L	
STREET ADDRESS	4904 SE 7 PL	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GUARINO, MICHAEL	
STREET ADDRESS	2300 S.E. 17 ST., #101	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARFIELD, TODD L	
STREET ADDRESS	4904 SE 7 PL	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARELLANO, JORGE R	
STREET ADDRESS	1644 TIGERTAIL AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	PYLES, STEPHEN T	
STREET ADDRESS	2300 S.E. 17 ST., #101	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00 352-861-2522

CR20034 (UBR)