

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90217 014 ***150.00

C0083066

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9600008576
1. Entity Name
PARVEY DEVELOPMENT CORPORATION

Principal Place of Business
5900 POPLAR AVE.
SUITE 100
MEMPHIS, TN 38119

2. Principal Place of Business
5900 POPLAR AVE
Suite, Apt. #, etc.
SUITE 100
City & State
MEMPHIS, TN
Zip
Country

3. Mailing Address
5900 POPLAR AVE.
Suite, Apt. #, etc.
SUITE 100
City & State
MEMPHIS, TN
Zip
Country

6. Name and Address of Current Registered Agent
THOMAS S. GIBSON
206 E. FORTH STREET
PORT ST. JOE, FL 32456

4. FEI Number
59-3434467
Applied For
Not Applicable

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

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
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	CHAIRMAN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. LOUIS S. PARVEY		NAME		
STREET ADDRESS	3299 WINDEMERE LN		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38115		CITY-ST-ZIP		
TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD E. PARVEY		NAME		
STREET ADDRESS	5900 POPLAR AVE. SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38119		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: RICHARD E. PARVEY, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/28/00 901-766-4236
Daytime Phone #

CR2E034 (9/99)