

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102958

1. Entity Name

TOWN PARK DEVELOPMENT COMPANY

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90074 007 ***150.00

Principal Place of Business

Mailing Address

3. NOVA RD.
ORANGE FL 32127

P.O. BOX 291338
PORT ORANGE FL 32129-1338

2. Principal Place of Business

846 RIVERSIDE DR
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3916
Suite, Apt. #, etc.

City & State
ORMOND BEACH
Zip
FL 32176
Country

City & State
Ormond Bch, FL
Zip
32175
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3496543

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JERRY SR
3925 S. NOVA RD.
SUITE 2
PORT ORANGE FL 32127

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JERRY JR.	
STREET ADDRESS	3925 S. NOVA RD., SUITE 2	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VST	<input type="checkbox"/> Delete
NAME	JOHNSON, JERRY SR.	
STREET ADDRESS	3925 S. NOVA RD., SUITE 2	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIPAK, JOBALIA D	
STREET ADDRESS	846 RIVERSIDE DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPAK D. JOBALIA	
STREET ADDRESS	846 RIVERSIDE DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

Daytime Phone #

CR2E034 (9/99)