

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102958

1. Entity Name

TOWN PARK DEVELOPMENT COMPANY

Principal Place of Business

846 RIVERSIDE DRIVE
ORMOND BEACH FL 32176

Mailing Address

PO BOX 396
ORMOND BEACH FL 32175

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 59-3496543

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

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

1221 Dunlawton Ave.

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, 2001 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 VST
NAME JOHNSON, JERRY SR.
STREET ADDRESS 3925 S. NOVA RD., SUITE 2
CITY-ST-ZIP PORT ORANGE FL 32127

☐ Delete

TITLE VST
NAME Johnson Jerry Sr.
STREET ADDRESS 1221 Dunlawton Ave.
CITY-ST-ZIP Port Orange FL 32127

☒ Change ☐ Addition

TITLE P
NAME JOBALIA, DIPAK D
STREET ADDRESS 846 RIVERSIDE DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

**.J. Jobalia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01

904-673-9664

Date

Daytime Phone #

0454651

CR2E034 (10/00)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90120 042 ***150.00

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DO NOT WRITE IN THIS SPACE