

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90170 002 \*\*\*150.00

**DOCUMENT # P97000028436**

1. Entity Name

**PARKER-STRAND III, INC.**

Principal Place of Business

**9400 GLADIOLUS DR., STE. 250  
 FT. MYERS FL 33908**

Mailing Address

**9400 GLADIOLUS DR., STE. 250  
 FT. MYERS FL 33908-7600**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0746695**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KUSSNER, STEPHEN L  
 201 N. FRANKLIN ST., STE. 2100  
 TAMPA FL 33602**

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	DCEO	<input checked="" type="checkbox"/> Delete
NAME	<b>TURKEN, WALTER</b>	
STREET ADDRESS	<b>9400 GLADIOLUS DR., STE. 250</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GLICK, ADAM</b>	
STREET ADDRESS	<b>9400 GLADIOLUS DR., STE. 250</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>REISMAN, JOHN</b>	
STREET ADDRESS	<b>9400 GLADIOLUS DR., STE. 250</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	<b>KNIZNER, DAVID</b>	
STREET ADDRESS	<b>9400 GADIOLUS DR, SUITE 250</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>	
TITLE	AS	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, STEVE</b>	
STREET ADDRESS	<b>201 N FRANKLIN ST, SUITE 2100</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VTS</b>	
STREET ADDRESS	<b>9400 Gladiolus Drive, Suite 250</b>	
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:** DAVID KNIZNER **4-25-00** **941-481-5040**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #