

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055910

Entity Name
MANDARIN PARK ASSOCIATES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90298 013 ***158.75

Principal Place of Business GULF OF MEXICO DR., STE. 6 LONGBOAT KEY FL 34228	Mailing Address 201 GULF OF MEXICO DR., STE. 6 LONGBOAT KEY FL 34228-4022
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Principal Place of Business 33 PALM AVENUE	3. Mailing Address 7800 BAYBERRY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL	City & State JACKSONVILLE, FL
Zip 34236	Country USA
Zip 32256	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3463500	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLABAUGH, JAMES E 201 GULF OF MEXICO DR., STE. 6 LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent Name DAVID GURLEY Street Address (P.O. Box Number is Not Acceptable) NORTON, GURLEY, HAMMERSLEY, & LOPEZ 1819 MAIN STREET, SUITE 610 City SARASOTA FL Zip Code 34236
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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, typed or printed name of registered agent and client (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 4/26/00

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD CLABAUGH, JAMES E 201 GULF OF MEXICO DR #6 LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS CLABAUGH, JAMES E 303 PALM AVENUE SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V McCULLOUGH, PAMELA 303 PALM AVENUE SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V GIBSON, CHRISTINE 303 PALM AVENUE SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DVA FULLERTON, ROBERT C. 7800 BAYBERRY ROAD JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: 4/19/00 904 737 8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)