

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106942

1. Entity Name

UNION PARK CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90147 014 ***150.00

Principal Place of Business

10691 E COLONIAL DR
 C/O FANTASTIC SAMS
 ORLANDO FL 32817
 US

Mailing Address

10691 E COLONIAL DR
 C/O FANTASTIC SAMS
 ORLANDO FL 32817
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3490819

Applied for

Not Applicable

Zip

Country

Zip

Country

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

HOCHMAN, MARILYN J
 1420 ALAFAYA TRL
 STE 101
 OVIEDO FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

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 the napp cab o

(NOTE: Registered Agent's signature required when redesigning)

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	BURGESS-LAVENDER, SHARON J	2622 MAYWOOD ST.	EUSTIS FL 32726				

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 a former file empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

CR2E034 (10-00)