

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025416

1. Entity Name  
FLORIDA FUN, INC.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90023 001 \*\*\*400.00  
09-06-2000 90023 002 \*\*\*150.00

Principal Place of Business  
15001 LAUREL COVE CIRCLE  
ODESSA FL 33556

Mailing Address  
15001 LAUREL COVE CIRCLE  
ODESSA FL 33556



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3505035**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

PARK, CHARLES K  
15001 LAUREL COVE CIRCLE  
ODESSA FL 33556

## 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **PARK, CHARLES K**  
CITY-ST-ZIP **15001 LAUREL COVE CIRCLE**  
**ODESSA FL 33556**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**8/28/00**  
Date

**813-920-7928**  
Daytime Phone #

CR2E034 (5/00)