

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025982

1. Entity Name

PARK CENTRAL COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

5154 CITY STREET  
ORLANDO FL 32839

Mailing Address

5154 CITY STREET  
ORLANDO FL 32839-4501

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3500212

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, LORAN A  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Name

JOEL K. SLATER

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

5145 CITY STREET

City

ORLANDO

FL

32839

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	MORTON, PAUL	
STREET ADDRESS	1090 DON MILLS ROAD, SUITE 600, DON MILLS,	
CITY-ST-ZIP	ONTARIO, CANADA M3C3R6	
TITLE	DPAS	<input type="checkbox"/> Delete
NAME	MORTON, HENRY	
STREET ADDRESS	1090 DON MILLS ROAD, SUITE 600, DON MILLS,	
CITY-ST-ZIP	ONTARIO, CANADA M3C3R6	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDBERG, LAURENCE	
STREET ADDRESS	30 ST CLAIR AVE WEST	
CITY-ST-ZIP	TORONTO ONTARIO	
TITLE	V	<input type="checkbox"/> Delete
NAME	SLATER, JOEL K	
STREET ADDRESS	5145 CITY STREET	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL K. SLATER

Date

4-15-00

Daytime Phone #

407-851-6252

CR2E034 (9/99)