

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026002

1. *Entity Name

PARK CENTRAL MANAGEMENT, INC.

Principal Place of Business

5145 CITY ST
ORLANDO FL 32839

Mailing Address

5145 CITY ST
ORLANDO FL 32839

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SLATER, JOEL K
5145 CITY ST
ORLANDO FL 32839

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, 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

TITLE D ☒ Delete
NAME MORTON, PAUL
STREET ADDRESS 1090 DON MILLS RD, STE 600, DON MILLS
CITY-ST-ZIP ONTARIO CA

TITLE D ☐ Delete
NAME MORTON, HENRY
STREET ADDRESS 1090 DON MILLS RD, STE 600, DON MILLS
CITY-ST-ZIP ONTARIO CA

TITLE D ☒ Delete
NAME GOLDBERG, LAURENCE
STREET ADDRESS 30 ST CLAIR AVE WEST
CITY-ST-ZIP TORONTO CA

TITLE D ☐ Delete
NAME SLATER, JOEL K
STREET ADDRESS 5145 CITY ST
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Change ☒ Addition
NAME NANETTE CAVARETTA
STREET ADDRESS 5145 CITY STREET
CITY-ST-ZIP ORLANDO, FL 32839

TITLE VP ☐ Change ☒ Addition
NAME SCOTT BARBATO
STREET ADDRESS 5145 CITY STREET
CITY-ST-ZIP ORLANDO, FL 32839

TITLE DC ☒ Change ☐ Addition
NAME HENRY MORTON
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE DPS ☒ Change ☐ Addition
NAME JOEL K. SLATER
STREET ADDRESS
CITY-ST-ZIP

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

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

JOEL K. SLATER

5-1-01

Date

407-851-6252

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)