

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90030 008 \*\*\*150.00

**DOCUMENT # P98000040774**

1. Entity Name

333 N. LAKE PARKER AVE., INC.

Principal Place of Business

601 N. ASHLEY DR., SUITE 1200  
TAMPA FL 33602

Mailing Address

601 N. ASHLEY DR., SUITE 1200  
TAMPA FL 33602

2. Principal Place of Business

333 N. Lake Parker Ave. Inc.  
Suite, Apt. #, etc.

3. Mailing Address

601 N. Ashley Dr.  
Suite, Apt. #, etc.  
Ste 1200

City & State

Lakeland FL

City & State

Tampa FL

Zip

33801

Country

USA

Zip

33602

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3512468

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

STRASKE, STEPHEN B II

101 E. KENNEDY BLVD.

SUITE 3700

TAMPA FL 33602

Name

Greg Hughes

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

601 N. Ashley Dr  
12th FL

City

TAMPA

FL

Zip Code

33602

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01  
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 11

TITLE PDS ☐ Delete  
NAME HUGHES, GREGORY L  
STREET ADDRESS 220 E. MADISON ST. #1200  
CITY-ST-ZIP TAMPA FL 33611

TITLE President ☒ Change ☐ Addition  
NAME Hughes, Greg  
STREET ADDRESS 601 N. Ashley Dr 12th FL  
CITY-ST-ZIP Tampa FL 33602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01  
Date

813-225-1141  
Daytime Phone #

CR2E034 (10/00)