

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90018 005 ***150.00

0622450

DOCUMENT # P98000050092

1. Entity Name

4600 EAST PARK CORP.

Principal Place of Business

**3910 R.C.A. BOULEVARD #1011
 PALM BEACH GARDENS FL 33410**

Mailing Address

**3910 R.C.A. BOULEVARD #1011
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

4600 EAST PARK DR.

Suite, Apt. #, etc.

201

3. Mailing Address

4600 EAST PARK DR.

Suite, Apt. #, etc.

201

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. FEI Number

65-0849132

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARY, JOHN W III
 701 U.S. HIGHWAY ONE
 SUITE 402
 NORTH PALM BEACH FL 33408**

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 | PD | <input type="checkbox"/> Delete |
| NAME | BILLS, JOHN C | |
| STREET ADDRESS | 3910 R.C.A. BOULEVARD #1011 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GRIFFIN, JAMES E | |
| STREET ADDRESS | 3910 R.C.A. BOULEVARD #1011 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MCCLOSKEY, THOMAS D JR. | |
| STREET ADDRESS | 132 WEST MAIN STREET | |
| CITY-ST-ZIP | ASPEN CO 81611 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | MARRS, DAVID L | |
| STREET ADDRESS | 132 WEST MAIN STREET | |
| CITY-ST-ZIP | ASPEN CO 81611 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4600 EAST PARK DR. #201 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4600 EAST PARK DR. #201 | |
| 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 | | |
| 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

Date

Daytime Phone #

1-26-01 561-627-4000

CR2E034 (10/00)