

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085283

1. Entity Name

PARKER - BRITTANY II, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90170 033 ***150.00

Principal Place of Business 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	Mailing Address 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908-7600
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0874119** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MITCHELL, STEPHEN J
 201 N. FRANKLIN ST., STE. 2100
 TAMPA FL 33602**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D <input type="checkbox"/> Delete
NAME	PARKER, JACK
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250
CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	TURKEN, WALTER
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250
CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	V <input type="checkbox"/> Delete
NAME	REISMAN, JOHN
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250
CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	VST <input type="checkbox"/> Delete
NAME	KNIGHT, DAVID
STREET ADDRESS	9400 GRADIOCUS AVE SUITE 250
CITY-ST-ZIP	FT MYERS FL 39908
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knizner, DAVID
STREET ADDRESS	9400 Gladiolus Drive, Suite 250
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Glick, ADAM
STREET ADDRESS	9400 Gladiolus Drive, Suite 250
CITY-ST-ZIP	Ft. Myers FL 33908
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:

DAVID Knizner 4-25-00 941-481-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #