## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000012450 Jul 18, 2000 8:00 am Secretary of State 1. Entity Name PARK PROMENADE, INC. 07-18-2000 90008 014 \*\*\*150.00 Mailing Address Principal Place of Business 152 S PARK AVE 152 S PARK AVE WINTER PARK FL 32789 WINTER PARK FL 32789 VARATOTS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59 355 6975 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLUMBERG, DAVID** Street Address (P.O. Box Number is Not Acceptable) 152 S PARK AVE WINTER PARK FL 32789 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete TITLE Blumbers, David 186 DETMAR DRIVE **BLUMBERG, DAVID** NAME NAME P O BOX 80424 N/A STREET ADDRESS STREET ADDRESS WINTER PANK, PL 32789 **BRECKENRIDGE CO 80424** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE **BLUMBERG, JANICE** Blunsens, JANICE NAME NAME 156 DETMAN DRIVE P O BOX 1691 N/A STREET ADDRESS STREET ADDRESS INTER PARK, FL 32789 **BRECKENRIDGE CO 80424** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

HORN SELECTION DIVID L. Blumberg

7.11.00

(407) 620 - 6185

## Park Promenade

July 11, 2000

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

We just received a UBR notice from your division that was marked "second notice". I regret to say that we had never received a "first" notice.

As per your attendant's instructions, I am enclosing this letter along with \$150. for payment of our normal UBR fees.

Thank you.

Sincerely,

David L. Blumberg

President