

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027004

1. Entity Name

COTTONWOOD PARK GROUP, INC.

APPROVED  
AND  
FILED

00 MAY -1 PM 3: 17

Principal Place of Business

2112 NORTH 15TH STREET, SUITE 201  
TAMPA FL 33605

Mailing Address

2112 NORTH 15TH STREET, SUITE 201  
TAMPA FL 33605-3648

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2109 E. Palm Avenue

3. Mailing Address

2109 E. Palm Avenue

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33605

U.S.A.

Zip

33605

U.S.A.

4. FEI Number

☒ 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

MCMULLEN, THOMAS J JR.  
2112 NORTH 15TH STREET, SUITE 201  
TAMPA FL 33605

Name

McMullen, Thomas J Jr.

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

2109 E. Palm Avenue, Suite 206

City

Tampa

FL

Zip Code  
33605

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

*Thomas J. McMullen Jr.*

Thomas J. McMullen Jr.

4-28-00

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)

N/A

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

P.D.S.T.  
McMullen, Thomas J. Jr.  
2109 E. Palm Avenue, Suite 206  
Tampa, FL 33605

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-05/19/00--01127--005  
\*\*\*\*158.75 \*\*\*\*158.75

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:

THOMAS J. McMullen Jr. President

Date

Daytime Phone #

4-28-00 813-247-2828