

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90026 042 \*\*\*150.00

**DOCUMENT # P99000096582**

1. Entity Name

**PARROT BAY ENTERTAINMENT, INC.**

Principal Place of Business

2401 CLIFFDALE STREET  
 OCOEE FL 34761  
 1000 UNIVERSAL STUDIOS PL.  
 ORLANDO, FL 32835

Mailing Address

POST OFFICE BOX 1803  
 WINDERMERE FL 34786  
 1000 UNIVERSAL STUDIOS PLAZA  
 SUITE 224  
 ORLANDO, FL 32835

2. Principal Place of Business

1000 UNIVERSAL STUDIOS PLAZA

Suite, Apt. #, etc.

SUITE 232

3. Mailing Address

SAME 1000 UNIVERSAL STUDIOS

Suite, Apt. #, etc.

SUITE 232

City & State

ORLANDO, FL

City & State

ORLANDO FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3606782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

NA

Street Address (P.O. Box Number)

City

FL

Zip Code

32819

8. The above named agent is authorized 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	PTD	<input type="checkbox"/> Delete
NAME	DOLAN, ALBERT M	
STREET ADDRESS	2401 CLIFFDALE STREET	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOLAN, SHELLEY M	
STREET ADDRESS	2401 CLIFFDALE STREET	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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

ALBERT M. DOLAN

Date

Daytime Phone #

12 Jan 01 467 224-7216

CR2E034 (10/00)