

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90055 014 ***550.00

DOCUMENT # S48217

1. Entity Name

PARC REALTY, INC.

Principal Place of Business

Mailing Address

**3311 PABLO OAKS COURT
 JACKSONVILLE FL 32224**

**4314 PABLO OAKS COURT
 JACKSONVILLE FL 32224-9631
 US**

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

59-3063759

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

**PEDERSON, TANYA P
 4314 PABLO OAKS COURT
 JACKSONVILLE FL 32224**

Name

Tanya P. Edwards

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

4314 Pablo Oaks Ct

City

Jacksonville

FL

Zip Code

32224

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, 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	VP	☐ Delete
NAME	BARBOUR, GREGORY L.	
STREET ADDRESS	4314 PABLO OAKS COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete
NAME	O'STEEN ROGER M.	
STREET ADDRESS	4314 PABLO OAKS COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ Delete
NAME	OWENS, LAUREN L.	
STREET ADDRESS	4314 PABLO OAKS COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete
NAME	PEDERSON, TANYA P	
STREET ADDRESS	4314 PABLO OAKS COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	☐ Delete
NAME	RANDALL, JULIE	
STREET ADDRESS	88 MARSHSIDE DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	Edwards, Tanya P	
STREET ADDRESS	4314 Pablo Oaks Ct	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 #

CR2E034 (9/99)