

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90066 023 ***150.00

0059629

DOCUMENT # V40795

1. Entity Name

PARK FINANCIAL GROUP, INC.

Principal Place of Business

**7200 ALOMA AVE.
 F
 WINTER PARK FL 32792
 US**

Mailing Address

**7200 ALOMA AVE.
 F
 WINTER PARK FL 32792
 US**

2. Principal Place of Business

**174 W. COMSTOCK AVE
 Suite/Apt. #, etc.
 200**

3. Mailing Address

**174 W. COMSTOCK AVE.
 Suite, Apt. #, etc.
 SUITE 200**



DO NOT WRITE IN THIS SPACE

City & State

**WINTER PARK, FL
 Zip
 32789
 Country
 USA**

City & State

**WINTER PARK, FL
 Zip
 32789
 Country
 USA**

4. FEI Number

59-3130530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required.**

6. Name and Address of Current Registered Agent

**CANTLEY, GORDON C
 7200 ALOMA AVE, STE F
 WINTER PARK FL 32792**

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 CANTLEY, GORDON
 7200 ALOMA AVE, STE F
 WINTER PARK FL 32792** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPSD
 CHIMELIS, VINCENT-TROY
 7200 ALOMA AVE, STE F
 WINTER PARK FL 32792** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

VINCENT TROY CHIMELIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01
 Date

407-672-1313
 Daytime Phone #

CR2E034 (10/00)