

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41607

1. Entity Name

PARK AVENUE PLAZA OF HERNANDO COUNTY, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90083 032 ***150.00

Principal Place of Business

Mailing Address

3461 DELTONA BLVD.
SPRING HILL FL 34606

3461 DELTONA BLVD.
SPRING HILL FL 34606-2972

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

U.S.A.

4. FEI Number 59-3137700

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

RIPPEL, HOWARD J., JR.

~~8069 WOODEN DR.~~

~~SPRING HILL FL 34606~~

260-Arcor Woods Circle
Ocala FL 34677

Name

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

260-Arcor Woods Circle

City

Ocala

FL

Zip Code

34677

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 if not 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RIPPEL, HOWARD J., JR.
8069 WOODEN DR.
SPRING HILL FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
RIPPEL, JILL MARIE
8069 WOODEN DR.
SPRING HILL FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
260-Arcor Woods Circle
Ocala FL 34677

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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 1 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 #