

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90224 035 ****61.25

DOCUMENT # 728137

1. Entity Name

1200 PARK AVENUE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**22051 N. O'BRIEN ROAD
 HOWEY IN THE HILLS FL 34737**

**P.O. BOX 1683
 ORLANDO FL 32802-1683**

953766



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1401 ATLANTA AVENUE
 ORLANDO, FL**

**Suite, Apt. #, etc.
 1216 PARK AVENUE NORTH**

**City & State
 ORLANDO, FL**

**City & State
 WINTER PARK, FL**

4. FEI Number

59-3316878

Applied For

Not Applicable

**Zip
 32806**

**Country
 USA**

**Zip
 32789**

**Country
 USA**

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

**BRADSHAW, CHARLES E JR
 22051 N. O'BRIEN ROAD
 HOWEY IN THE HILLS FL 34737**

Name
HARVEY N. KOBRIN

Street Address (P.O. Box Number is Not Acceptable)
1216 PARK AVENUE NORTH

City
WINTER PARK

FL

Zip Code
32789

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

4/27/00

Signature, typed or printed name of registered agent and title if applicable.

(If not a Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BRADSHAW, CHARLES E JR**
 STREET ADDRESS **22051 N. O'BRIEN ROAD**
 CITY-ST-ZIP **HOWEY IN THE HILLS FL 34737**

TITLE **C/D** Change Addition
 NAME **Dr. Thomas C. Lawton**
 STREET ADDRESS **1208 Park Avenue North**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **D** Delete
 NAME **SHAW, JACK**
 STREET ADDRESS **22051 N. O'BRIEN ROAD**
 CITY-ST-ZIP **HOWEY IN THE HILLS FL 34737**

TITLE **T/D** Change Addition
 NAME **Harvey N. Kobrin**
 STREET ADDRESS **1216 Park Avenue North**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **D** Delete
 NAME **VERNON, SHERRI H**
 STREET ADDRESS **936 AMERICAN BEAUTY ST**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **S/D** Change Addition
 NAME **Ronald J. Worswick**
 STREET ADDRESS **1212 Park Avenue North**
 CITY-ST-ZIP **Winter Park, Florida 32789**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Dr. Wilbur Davis, Jr.**
 STREET ADDRESS **1210 Park Avenue North**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

407/843-1000

Daytime Phone #

CR2E037 (9/99)