

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000034

1. Entity Name

MITZPAH, LTD., INC.

Principal Place of Business

1602 BAYSHORE GARDENS PARKWAY
BRADENTON FL 34207

Mailing Address

1602 BAYSHORE GARDENS PARKWAY
BRADENTON FL 34207

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0637093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUDAK, G. LEE
1602 BAYSHORE GARDENS PARKWAY
BRADENTON FL 34207

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

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

TITLE PD
NAME HUDAK, J. GORDON
STREET ADDRESS 1602 BAYSHORE GARDENS PARKWAY
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE VD
NAME SIMON, DANIEL J
STREET ADDRESS 845 PINE STREET
CITY-ST-ZIP PERRYSBURG OH ☐ Delete

TITLE TD
NAME CLEMENS, MICHAEL G
STREET ADDRESS 3940 5TH AVE. WEST
CITY-ST-ZIP PALMETTO FL ☒ Delete

TITLE SD
NAME HUDAK, G. L
STREET ADDRESS 1602 BAYSHORE GARDENS PKWY
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE D
NAME WILSON, LINDA M
STREET ADDRESS 102 49TH STREET
CITY-ST-ZIP HOLMES BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
RILEY, PATRICK FRANKLIN

TITLE DIRECTOR
NAME PATRICK FRANKLIN RILEY
STREET ADDRESS 4141 IFFLAND RD.
CITY-ST-ZIP BLISSFIELD, MICHIGAN 49228 ☐ Change ☒ Addition

TITLE TREASURER/OFFICER
NAME CLEMENS, MICHAEL G.
STREET ADDRESS 3940 5TH AVE. WEST
CITY-ST-ZIP PALMETTO, FL ☒ Change ☐ Addition

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

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

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

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED J. GORDON HUDAK APRIL 27, 2001 / 941-755-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

546340



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)