

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102003

1. Entity Name  
**MINDLOFT CORPORATION**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90085 038 \*\*\*158.75

Principal Place of Business  
**326 GREEN ACRES ROAD  
FT. WALTON BEACH FL 32547**

Mailing Address  
**326 GREEN ACRES ROAD  
FT. WALTON BEACH FL 32547**

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 **59-3613365**

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

**HACKNEY, ROBERT C**  
~~4400 PGA BOULEVARD~~ ~~CITY CENTRE~~  
~~SUITE 505~~ **2000 PGA BLVD, SUITE 4110**  
~~PALM BEACH GARDENS FL 33410~~ **NORTH PALM BEACH, FL 33408**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **ROY, MALCOLM R**  
STREET ADDRESS ~~1400 OCEAN VIEW DRIVE~~ **3794 Misty Way**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☐ Change ☒ Addition  
NAME **FOHL, DOUGLAS**  
STREET ADDRESS **31 PERRY AVENUE**  
CITY-ST-ZIP **FT. WALTON BEACH, FL 32548**

TITLE **D** ☒ Delete  
NAME **BROWN, ROGER G**  
STREET ADDRESS **7626 PARKVIEW CIRCLE**  
CITY-ST-ZIP **AUSTIN TX 78731**

TITLE **D** ☐ Change ☒ Addition  
NAME **HOWARD, KEITH**  
STREET ADDRESS **630 Grand Blvd. Suite 100**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **S** ☐ Delete  
NAME **SIGLER, MOYA**  
STREET ADDRESS **326 GREEN ACRES RD STE A**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

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

TITLE **V** ☐ Delete  
NAME **EGGERS, VAN**  
STREET ADDRESS **326 GREEN ACRES RD STE A**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **D** ☐ Change ☒ Addition  
NAME **HACKNEY, ROBERT C**  
STREET ADDRESS **CITY CENTRE**  
CITY-ST-ZIP **2000 PGA BLVD., SUITE 4110, N. PALM BEACH  
FL 33408**

TITLE **T** ☐ Delete  
NAME **TYNER, ELSIE J**  
STREET ADDRESS **326 GREEN ACRES RD**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

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

TITLE **D** ☐ Delete  
NAME **BRUNER, ALEX**  
STREET ADDRESS **105 CHALLENGER RD 7TH FL**  
CITY-ST-ZIP **RIDGEFIELD PARK NJ 07660**

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

**MOYA SIGLER**

**OFFICER**

**4/9/01**

**850-862-1668**

CR2E034 (10/00)