

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000505**

1. Entity Name

MAZOUREK ENTERPRISES, LTD.

Principal Place of Business

**21224 NEVITT HILL ROAD
BROOKSVILLE FL 34601**

Mailing Address

**21224 NEVITT HILL ROAD
BROOKSVILLE FL 34601**

FILED

02 APR 30 PM 4:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3368421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ORAVEC, JANICE M
13205 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name

Alvin R. Mazourek

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

201 Howell Avenue, Suite 300

City

Brooksville

FL

Zip Code

34601

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

4-26-02

DATE

9. Capital Contributions
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**MAZOUREK, JENNIE
11485 COUNTY LINE ROAD
SPRING HILL FL 34809**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**MAZOUREK, ALVIN R
509 COLONIAL DRIVE
BROOKSVILLE FL 34601**

STREET ADDRESS

CITY-ST-ZIP

000005503980--4

-05/10/02--01093--010

*****526.25 ***526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**MAZOUREK, GEORGE C
11395 COUNTY LINE ROAD
SPRING HILL FL 34809**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**ORAVEC, JANICE M
13205 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-02

Date

Daytime Phone #

CR2E003 (9/01)