

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N13000002037

**Entity Name:** MUCK CITY BROWNS YEP INC.

**Current Principal Place of Business:**

689 SW 5TH ST BELLE GLADE  
BELLE GLADE, FL 33430

**Current Mailing Address:**

P. O. BOX 1234  
BELLE GLADE, FL 33430

**FEI Number:** 46-1804500

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILES, TYRONE L  
2301 BELLE GLADE GARDENS  
BELLE GLADE, FL 33430 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MILES, TYRONE SR.  
Address        698 SW 5TH  
City-State-Zip: BELLE GLADE FL 33430

Title            VP  
Name            HOLMES, SANTONIO JR.  
Address        2301 BELLE GLADE GARDENS  
City-State-Zip: BELLE GLADE FL 33430

Title            TRES  
Name            HILL, SHARON  
Address        933 SW AVE D APT#3  
City-State-Zip: BELLE GLADE FL 33430

Title            S  
Name            BROWN, DARRYL  
Address        425 SW 3RD ST.  
City-State-Zip: BELLE GLADE FL 33430

Title            VP  
Name            BUTTS, LOUIS  
Address        190 STATE RD 715 LOT #50  
City-State-Zip: BELLE-GLADE FL 33430

Title            PRESIDENT  
Name            HOLMES, SANTONIO JR.  
Address        P. O. BOX 1234  
City-State-Zip: BELLE GLADE FL 33430

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TYRONE MILES

**PRESIDENT**

**06/25/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date