

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 233431

1. Entity Name

MURGER INC

Principal Place of Business

2900 E LAKE BENNETT RD.
AVON PARK FL 33825

Mailing Address

2900 E LAKE BENNETT RD.
AVON PARK FL 33825-7741

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 59-1031797

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

GERGEN, PAULA H.
6290 S.W. 102ND ST
MIAMI FL 33156

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, 2000 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 P
NAME GERGEN, GLENN
STREET ADDRESS 978 CHICKADEE LANE
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE V
NAME EDWARDS, CHRISTINE
STREET ADDRESS 2200 LAKE VILLAGE DR. APT.#819
CITY-ST-ZIP KINGWOOD TX ☐ Delete

TITLE TR
NAME GERGEN, SCOTT FL.
STREET ADDRESS 2900 E LAKE BONNET RD.
CITY-ST-ZIP AVON PARK FL ☐ Delete

TITLE VP
NAME GERGEN, TOMMY F.
STREET ADDRESS 8925 SW 61ST CT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VP
NAME GERGEN, KELLY R.
STREET ADDRESS 1694 FLOYD ST.
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE VP
NAME LANE, PAULLETTE
STREET ADDRESS 4214 SYLVAN RAMBLE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE V
NAME Cristiano, Gail
STREET ADDRESS 9800 S.W. 63rd Ct.
CITY-ST-ZIP Miami, FL. 33156 ☐ 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

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

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

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

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90129 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)