

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90050 027 ***150.00



DO NOT WRITE IN THIS SPACE

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							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent GERGEN, PAULA H. 6290 S.W. 102ND ST MIAMI FL 33156 (passed away)		4. FEI Number 59-1031797 <table border="1" style="width:100%;"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable				
Applied For	Not Applicable								
7. Name and Address of New Registered Agent <table border="1" style="width:100%;"> <tr> <td colspan="2">Name Gergen, Scott F.</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 2900 E. Lake Bonner Rd.</td> </tr> <tr> <td>City Avon Park</td> <td>FL 33825</td> </tr> </table>		Name Gergen, Scott F.		Street Address (P.O. Box Number is Not Acceptable) 2900 E. Lake Bonner Rd.		City Avon Park	FL 33825	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name Gergen, Scott F.									
Street Address (P.O. Box Number is Not Acceptable) 2900 E. Lake Bonner Rd.									
City Avon Park	FL 33825								
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 <u>Scott Gergen - Scott Gergen - treasurer / manager 1-3-01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees							
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERGEN, GLENN 978 CHICKADEE LANE ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cristiano, Gail 9800 S.W. 63rd CT. MIAMI, FL. 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARDS, CHRISTINE 2200 LAKE VILLAGE DR. APT.#819 KINGWOOD TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GERGEN, SCOTT FL. 2900 E LAKE BONNET RD. AVON PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERGEN, TOMMY F. 8925 SW 61ST CT. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERGEN, KELLY R. 1694 FLOYD ST. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANE, PAULLETTE 4214 SYLVAN RAMBLE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Scott Gergen / Scott Gergen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-03-01 863-385-7010 <small>Date Daytime Phone #</small>							

CR2E034 (10/00)