

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90104 050 ***150.00

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1031797**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, SCOTT F.
2900 E LAKE BURNER RD.
AVON PARK FL 33825**

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, 2002 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** ☐ Delete
NAME **GERGEN, GLENN**
STREET ADDRESS **978 CHICKADEE LANE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **Cristiano, Gail (VP)** ☐ Change ☐ Addition
NAME **9900 S.W. 63rd CT.**
STREET ADDRESS **MIAMI, FL. 33156**
CITY-ST-ZIP

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

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

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

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

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

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

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

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

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

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: **Scott Gergen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 (863)305-7010
Date Daytime Phone #

CR2E034 (9/01)