

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 690777

1. Entity Name  
MIFO MANAGEMENT INFORMATION, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**  
05-01-2000 90417 013 \*\*\*150.00

Principal Place of Business THE BARNETT CENTER 4501 TAMiami TRAIL NORTH, #300 NAPLES FL 34103-3060 US	Mailing Address C O QUARLES & BRADY LLP 4501 TAMiami TRAIL NORTH, #300 NAPLES FL 34103-3023 US
---	--

649066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4501 Tamiami Trail North Suite, Apt. #, etc. Suite 300 City & State Naples, Florida Zip 34103-3060 Country US	3. Mailing Address c/o Quarles & Brady LLP Suite, Apt. #, etc. City & State Zip 34103-3060 Country
---	--

4. FEI Number 59-2167801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
MCMACKIN, F JOSEPH III  
C O QUARLES & BRADY LLP  
4501 TAMiami TRAIL NORTH, #300  
NAPLES FL 34103

7. Name and Address of New Registered Agent  
Name  
Naples Lawdock, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Quarles & Brady LLP  
4501 Tamiami Trail North, Suite 300  
City  
Naples FL 34103-3060

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 F. JOSEPH MCMACKIN, III 4/12/00  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐  
(See instructions 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 NAME STREET ADDRESS CITY-ST-ZIP	VS KIRSCHBAUM, LIS I SEESTR 25 D-82418 SEEHAUSEN, W GERMANY 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Seehausen, Bei Murnau, GERMANY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KIRSCHBAUM, JOHN A DR SEESTR 25 D-82418 SEEHAUSEN, W GERMANY 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Seehausen, Bei Murnau GERMANY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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: (John Kirschbaum) 4/5/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)