

2000 UNIFORM BUSINESS REPORT (UBR)

001151-11

DOCUMENT # **A99000000969**

1. Entity Name
MML BOCA GRANDE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PM 2:03

Principal Place of Business
**100 NORTH TAMPA STREET, SUITE 2120
TAMPA FL 33602**

Mailing Address
**P.O. BOX 2939
TAMPA FL 33601-2939**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number
59-3582069

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MUELLER, JOHN H
100 NORTH TAMPA STREET, SUITE 2120
TAMPA FL 33602**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,139,520.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P99000054784
NAME	MML BOCA GRANDE, INC.
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 2120
CITY - ST - ZIP	TAMPA FL 33602
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	800003123248--3 -02/03/00--01103--017 ***526.25 ***526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

4. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE OF ADAM MUELLER AS PRESIDENT OF **1-31-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **MML BOCA GRANDE, INC.** Daytime Phone #