

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004269

1. Entity Name

MCH HOLDINGS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90311 046 ***150.00

Principal Place of Business

1601 Trapelo RD
Waltham, MA 02154

Mailing Address

9311 College Parkway
Suite 1
Ft. Myers, FL 33919

2. Principal Place of Business

9311 College Parkway

3. Mailing Address

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.

City & State

Ft. Myers, FL 33919

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3385259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00050391

6. Name and Address of Current Registered Agent

Truxton, Gregg S.
c/o Bolanos, Truxton & Youngs, PA
2121 Ponce De Leon Blvd., Suite 600
Coral Gables, FL 33134

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

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

TITLE P/S/T/D ☐ Delete
NAME Southern, James L. III
STREET ADDRESS 9311 College Parkway, Suite One
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D ☐ Change ☒ Addition
NAME Egan, William
STREET ADDRESS One Post Office Square, Suite 3800
CITY-ST-ZIP Boston, MA 02109

TITLE D ☐ Change ☒ Addition
NAME Ferri, Paul
STREET ADDRESS 1000 Winter Street, Suite 4500
CITY-ST-ZIP Waltham, MA 02154

TITLE D ☐ Change ☒ Addition
NAME Grousbeck, Irving
STREET ADDRESS Littleton 336
CITY-ST-ZIP Stanford, CA 94205

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

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:

James L. III

4/27/2000

941/433-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)