

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90176 001 \*\*\*\*88.75  
 05-07-2002 90176 002 \*\*\*150.00

**DOCUMENT # F97000004269**

1. Entity Name  
**MCH HOLDINGS, INC.**

Principal Place of Business  
**9311 COLLEGE PARKWAY  
 SUITE 1  
 FORT MYERS FL 33919**

Mailing Address  
**9311 COLLEGE PARKWAY  
 SUITE 1  
 FT. MYERS FL 33919**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1500 Colonial Blvd.  
 Suite, Apt. #, etc.  
 Suite 215**

3. Mailing Address  
**1500 Colonial Blvd.  
 Suite, Apt. #, etc.  
 Suite 215**

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

4. FEI Number  
**04-3385259**

Applied For  
 Not Applicable

Zip  
**33907**

Country

Zip  
**33907**

Country

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

## 6. Name and Address of Current Registered Agent

**BOLANOS TRUXTON, P.A.  
 12800 UNIVERSITY DRIVE SUITE 340  
 FORT MYERS FL 33907**

## 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE **PSTD** ☐ Delete  
 NAME **SOUTHERN, JAMES L III**  
 STREET ADDRESS **9311 COLLEGE PARKWAY, SUITE ONE**  
 CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **D** ☒ Delete  
 NAME **EGAN, WILLIAM**  
 STREET ADDRESS **ONE POST OFFICE SQUARE, SUITE 3800**  
 CITY-ST-ZIP **BOSTON MA 02109**

TITLE **D** ☒ Delete  
 NAME **FERRI, PAUL**  
 STREET ADDRESS **1000 WINTER STREET, SUITE 4500**  
 CITY-ST-ZIP **WALTHAM MA 02154**

TITLE **D** ☒ Delete  
 NAME **GROUSBECK, IRVING**  
 STREET ADDRESS **LITTLETON 336**  
 CITY-ST-ZIP **STANFORD CA 94205**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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. Southern*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)