

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003267

1. Entity Name

M.C. MILLER CO.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90025 028 \*\*\*158.75

Principal Place of Business

Mailing Address

ATTN: ROBERT J. RIEGLER  
27 WARREN ST., STE. 301. LANDMARK BLDG.  
HACKENSACK NJ 07601

ATTN: ROBERT J. RIEGLER  
27 WARREN ST., STE. 301. LANDMARK BLDG.  
HACKENSACK NJ 07601-5476

00000110



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

22-1777475

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, MARK  
3020 AVIATION BLVD.  
VERO BEACH FL 32960

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	MILLER, MELVIN C II	
STREET ADDRESS	3020 AVIATION BLVD.	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEARING, BILL	
STREET ADDRESS	7656 OLD MOORINGS	
CITY-ST-ZIP	SHREVEPORT LA 71107	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KROON, DAVID	
STREET ADDRESS	8223 SILVER SHADOW LN.	
CITY-ST-ZIP	SPRING TX 77379	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MELVIN C	
STREET ADDRESS	3020 AVIATION BLVD.	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHENCK, JOHN C	
STREET ADDRESS	3020 AVIATION BLVD.	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIDER, STEPHANIE	
STREET ADDRESS	3020 AVIATION BLVD	
CITY-ST-ZIP	VERO BEACH FL 32960	

TITLE	C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melvin C. Miller II	
STREET ADDRESS	3020 Aviation Blvd	
CITY-ST-ZIP	Vero Beach FL 32960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maurie Miller	
STREET ADDRESS	3020 Aviation Blvd	
CITY-ST-ZIP	Vero Beach FL 32960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Hilberts	
STREET ADDRESS	3020 Aviation Blvd.	
CITY-ST-ZIP	Vero Beach FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Melvin C. Miller II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin C. Miller II

02-16-00

(561)794-9448

Date

Daytime Phone #

CR2E034 (9/99)