## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **G26919** Mar 16, 2000 8:00 am 1. Entity Name MRR LAND EQUITY, INC. **Secretary of State** 03-16-2000 90092 023 \*\*\*150.00 Principal Place of Business Mailing Address 900 21 ST ST E 900 21ST ST E PO BOX 1094 PO BOX 1094 PALMETTO FL 34221-2855 PALMETTO FL 34221-2855 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City\_& State City & State 4. FEI Number 59-2269224 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEST, TERRY STEVEN Street Address (P.O. Box Number is Not Acceptable) 900 21ST STREET E P.O. BOX 1094 PALMETTO FL 34220 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE ☐ Delete TITLE MCCLURE, DAN P. NAME NAME STREET ADDRESS 4820 RIVERVIEW BLVD. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete MCCLURE, CORRINE NAME STREET ADDRESS 4820 RIVERVIEW BLVD. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Addition □ Change TITLE ☐ Delete RICKERT, WAYNE NAME 5517 21st AVE, W SUITE H 4810 RIVERVIEW BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP BRADENTON, FL 34209 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 wittl an address, with all officer like empowered.

WAYNE C.

941-795-2261

changed, or on an attachme