## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # H01792** 1. Entity Name MUIRFIELD, INC. 01-25-2000 90016 032 \*\*\*158.75 Principal Place of Business Mailing Address 35534 SR 54 WEST 28739 HWY (SR) 54 W WESLEY CHAPEL FL 33543 P.O. BOX 699 ZEPHYRHILLS FL 33539-0699 3. Mailing Address 2. Principal Place of Business 28739 STATE ROAD 54 WEST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2419050 WESLEY CHAPEL Not Applied FL Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3543-4231 33543-42<u>3</u>1 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARKS, RONALD R. Street Address (RO Bex Number is Not Acquetable) 35534 C.R.54 ZEPHYRHILLS FL 34248 →FL 33543-4231 WESLEY CHAPEL changing its registered office or registered agent, or both, in the State of Florida 8. The above named en 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11:10 S ( S ( T Y ) W ( ) OFFICERS AND DIRECTORS 12. PD Addition TITLE ☐ Delete TITLE PARKS, RONALD R. NAME NAME STREET ADDRESS STREET ADDRESS 3405 MORRISON AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PARKS, JACK W. NAME NAME STREET ADDRESS STREET ADDRESS 12720 CASEY RD CITY-ST-2IP CITY-ST-ZIP **TAMPA FL 33624** ☐ Addition XI Change Delete TITLE TITLE COUEY, STEVEN W. NAME NAME 18112 LONGWATER RUN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 DST Y Change Addition TITLE TITLE ☐ Delete PARKS, LUCILLE J. NAME NAME 13824 CYPRESS VILLAGE STREET ADDRESS STREET ADDRESS 12720 CASEY RD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TAMPA FL 33624-4502 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.