2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H65163**

1. Entity Nam	MENT# MOSTOS .e .&W. HOLDINGS OF TAMP.	Sep 18, 2000 8:00 am Secretary of State						
			<b>V</b>		9-18-2000 90016			
Principal Place of Business 4915 W. CYPRES ST 200 TAMPA FL 33607 US		Mailing Address C/O LARRY A. CHURCH PO BOX 38 WINTER PARK FL 32790-0038		; ( <b>8618</b> ) ( <b>8</b> ) ( <b>8</b> 8) (		소 구 PIPIĨ BYBJI BIBIZ BIJ	hii 825() 18 <b>9</b> 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	59-2657443	<b>├</b>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired	\$8.75 Add Fee Required		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Addre	ss of New Registered	d Agent		
				Name				
600	JRCH, LARRY A COURTLAND ST		Street Addres	P.O. Box Number is No	t Acceptable)			
	260 ANDO FL 32804		City		F	Zip Code	э ,	
SIGNATURE .	named entity submits this statement Signature, typed or printed name of registered age pration is eligible to satisfy its Intangit equirement and elects to do so.	and title if applicable. (NOTE	:: Registered Agent signature requ	when reinstating)	DATE Campaign Financing	\$5.0	O May Be	
	ia on back)		le to Department of S	e		, , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARDUE, WILLIAM P JR. PO BOX 38 WINTER PARK FL 32790-0038	ID DIRECTORS  Delete	12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD/HONS/CHAN	GES TO OFFICERS A	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHURCH, LARRY A PO BOX 38 WINTER PARK FL 32790-0038	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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:** 

**FILED**