

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90208 049 \*\*\*\*55.00

**DOCUMENT # L00000008602**

1. Entity Name  
**MW-GP, LLC**

Principal Place of Business  
**5015 S. FLORIDA AVENUE, SUITE #200**  
**LAKELAND FL 33813**

Mailing Address  
**5015 S. FLORIDA AVENUE, SUITE #200**  
**LAKELAND FL 33813**

**961042**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**500 S. Florida Ave**

3. Mailing Address  
**PO Box 5252**

Suite, Apt. #, etc.  
**700**

Suite, Apt. #, etc.

City & State  
**Lakeland, FL**

City & State  
**Lakeland, FL**

Zip  
**33801**

Country  
**USA**

Zip  
**33807**

Country  
**USA**

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAXWELL, LAWRENCE T**  
**5015 S. FLORIDA AVENUE, SUITE #200**  
**LAKELAND FL 33813**

Name

Street Address (P.O. Box Number is Not Acceptable)

**500 S. Florida Ave**

**# 700**

City

**Lakeland**

FL

Zip Code

**33801**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **A&M BUSINESS PROPERTIES, INC.**  
 STREET ADDRESS **5015 S. FLORIDA AVENUE, SUITE #200**  
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
 NAME **500 S. Florida Avenue, #700**  
 STREET ADDRESS **Lakeland, FL 33801**  
 CITY-ST-ZIP **Lakeland, FL 33801**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

04/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)