## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT # L68172**

1. Entity Name

Principal Place of Business

MILLS GROUP INC. OF SARASOTA

S STEVEN E BAKER ∰: WHITFIELD AVE. ARASOTA FL 34243		% STEVEN E BAKEH 3301 WHITFIELD AVE. SARASOTA FL 34243-3314			: Communication of the second construction of th	1 1182 <b>018</b> 11 02011 01	an anan ana	i aveni iden	
2. Principal Place of Business		3. Mailing Address		<del></del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SPA	ACE ·		
City & State		City & State		4. F	FEI Number 65-019557	6		plied For t Applicable	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired		3.75 Add e Required		
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New P	tegistered Ag	ent		
			Name						
BAKER, STEVEN, E 3301 WHITFIELD AVE.			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
SARA	ASOTA FL 34243								
			City			FL	Zip Code	•	
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 Si		0 50.00	10. Election Campaign Fir Trust Fund Contributio			0 May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFF	ICERS AND D	RECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILLS, WALTER G. 3301 WHITFIELD AVE. SARASOTA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Baker, Steven, E 3301 Whitfield Ave. Sarasota Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P Sharp, Lemuel III 3301 Whitfield Ave Sarasota Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENSEY, TIMOTHY D. 2806 SARASOTA GOLF CLUB BL' SARASOTA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	☐ Addition	
TITLE	<u> </u>	☐ Delete	TITLE				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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

**FILED** 

May 08, 2000 8:00 am Secretary of State

05-08-2000 90012 039 \*\*\*150.00