

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90010 011 ***150.00

DOCUMENT # L76455

1. Entity Name

M.V.M. OF WINTER HAVEN, INC.

R

Principal Place of Business

**145 HANKIN RD
 BARTOW FL 33830
 US**

Mailing Address

**145 HANKIN RD
 BARTOW FL 33830
 US**

A0069340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

616 Second Street SW

3. Mailing Address

PO Box 2898

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33880

Country

US

Zip

33883-2898

Country

US

4. FEI Number

59-3015264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STRAUGHN, JACK
 255 MAGNOLIA AVE
 WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name

Rafool, Brandon

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

1519 Third Street SE

City

Winter Haven

FL

Zip Code

33883-7286

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] **RA** **7/12/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> Delete
NAME	VAUGHN, JAMES	
STREET ADDRESS	1147 N LAKE OTIS DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ROBERT	
STREET ADDRESS	902 WHISPER LAKE DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MILLER, AMANDA	
STREET ADDRESS	902 WHISPER LAKE DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Vaughn, Martha	
STREET ADDRESS	1147 N Lake Otis Drive	
CITY-ST-ZIP	Winter Haven, FL	
TITLE	Sec/Treas.	<input type="checkbox"/> Delete
NAME	Griffith, Laura V.	
STREET ADDRESS	1175 N Lake Otis Drive	
CITY-ST-ZIP	Winter Haven, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

[Signature] **Laura V. Griffith**

Date

7/11/00

Daytime Phone #

863-293-2577

CR2EQ 4. (5/07)