

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 17 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MWM

4. FEI Number **59-3308812** ☐ 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

MCDERMOTT, MICHAEL J ESQ.
791 WEST LUMSDEN ROAD
BRANDON FL 33511

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
MGRM MCKNIGHT, WILLIAM D 805 ARROWHEAD LANE BRANDON FL 33511	☐		
M MCKNIGHT, KATHRYN A 805 ARROWHEAD LANE BRANDON FL 33511	☐		
M MCKNIGHT, ROBERT G 805 ARROWHEAD LANE BRANDON FL 33511	☐		
M MCKNIGHT, CHRISTINE E 805 ARROWHEAD LANE BRANDON FL 33511	☐		
M MCKNIGHT, MICHELLE M 805 ARROWHEAD LANE BRANDON FL 33511	☐		
M MCKNIGHT, BRUCE E 805 ARROWHEAD LANE BRANDON FL 33511	☐		

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)