

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90381 007 ****50.00

DOCUMENT # L95000000643

1. Entity Name

MIWEEK, L.C.

Principal Place of Business

**1100 MAIN STREET STE 205
 LADY LAKE FL 32159**

Mailing Address

**1100 MAIN STREET STE 205
 LADY LAKE FL 32159**

2. Principal Place of Business

2334 SE FORT KING ST

3. Mailing Address

2334 SE FORT KING ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34471

Country

USA

Zip

34471

Country

USA

6. Name and Address of Current Registered Agent

**MACKAY, KENNETH H
 216 NE FIRST AVENUE
 OCALA FL 34471**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 COUNTS, STEVEN C
 3021 NW 21ST STREET
 OCALA FL 34475** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 FARNER, ROBERT E
 POST OFFICE BOX 690
 TAVARES FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MODICA, JIM
 310 ALMOND STREET
 CLERMONT FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PARKER, JOHN E
 2755 SADDLEBROOK CIRCLE
 OXFORD FL 34484** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 WADE, DOUGLAS C
 POST OFFICE BOX 1212
 LADY LAKE FL 32159** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MACKAY III, KENNETH H
 2334 SE FORT KING ST.
 OCALA, FL, 34471** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MACKAY III, KENNETH H
 2334 SE FORT KING ST
 OCALA, FL, 34471** ☐ Change ☒ Addition

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

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

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☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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: *Kenneth H. Mackay III*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/26/02 352 369 4828
 Date Daytime Phone #

CR2E083 (4/02)