

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

50 MAY -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000000866

1. Entity Name

M.H.P. GROUP, L.C.

Principal Place of Business

6403 N.W. 102ND TERRACE
PARKLAND FL 33076

Mailing Address

6403 N.W. 102ND TERRACE
PARKLAND FL 33071-4050

2. Principal Place of Business

5739 GALT BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 187

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

City & State

Zephyrhills, FL

4. FEI Number

54-7688857

Applied For

Not Applicable

Zip

33541

Country

USA

Zip

33539

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCONIHAY, STEPHEN E

5100 W. KENNEDY BLVD. STE. 425
TAMPA FL 33609

7. Name and Address of New Registered Agent

Thomas P. McAlvanah

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

5739 GALT BLVD

City

Zephyrhills

FL

Zip Code
33541

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

4/25/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
STEWART, HUGH
6403 N.W. 102ND TERRACE
PARKLAND FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
WOODS, DANIEL
1859 PINE ISLAND RD.
PLANTATION FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Stewart, Hugh
P.O. Box 187
Zephyrhills, FL 33541 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
300003264878--6
-05/24/00--01042--033
****100.00 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)