

2000 UNIFORM BUSINESS REPORT (UBR)

0002286 AF

DOCUMENT # L97000000868

1. Entity Name
M.H.P. GROUP TWO, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 PM 1:19

Principal Place of Business
6403 N.W. 102ND TERRACE
PARKLAND FL 33076

Mailing Address
6403 N.W. 102ND TERRACE
PARKLAND FL 33076-2357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
38615 Lansing Ave
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2296
Suite, Apt. #, etc.

City & State
Zephyrhills FL
Zip
33540
Country
PASCO

City & State
Zephyrhills FL
Zip
33539
Country
PASCO

4. FEI Number 59-3467018

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCONIHAY, STEPHEN E
5100 KENNEDY BLVD.
TAMPA FL 33609

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.

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

9. MANAGING MEMBERS / MEMBERS

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

TITLE MGR
NAME WOODS, DANIEL
STREET ADDRESS 1859 PINE ISLAND RD.
CITY-ST-ZIP 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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
m/3/13/00
000003169130--6
-03/14/00--01092--025
*****50.00 *****50.00

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

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)