

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000868

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

Principal Place of Business

Mailing Address

~~38015 LANSING AVE.~~
ZEPHYRHILLS FL ~~33549~~

~~P.O. BOX 2206~~
ZEPHYRHILLS FL 33539

2. Principal Place of Business

38145 5th Avenue
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 517
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33541

33539-0517

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

7. Name and Address of New Registered Agent

MCCONIHAY, STEPHEN E
5100 KENNEDY BLVD.
TAMPA FL 33609

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

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
5000003819925--8
03/03/01-01021-011
*****50.00 *****50.00

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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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☐ Delete

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DANIEL WOODS

Date

Daytime Phone #

X 2-23-01 782-0580

FILED

01 MAR -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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