

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
S. HAND
FILED

00 MAY -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000153

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

Principal Place of Business

38615 LANSING AVE.
ZEPHYRHILLS FL 33540

Mailing Address

P.O. BOX 2296
ZEPHYRHILLS FL 33539-2296

2. Principal Place of Business

5739 GALL BLVD

3. Mailing Address

P.O. Box 187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Zephyrhills, FL

City & State
Zephyrhills, FL

4. FEI Number
65-0813117

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
38615 LANSING AVE.
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

Name
Thomas P. McAlvanah
Street Address (P.O. Box Number is Not Acceptable)
5739 Gall 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 5100 W. KENNEDY BLVD., SUITE 425 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GREGG, ALEX T 5100 W. KENNEDY BLVD., SUITE 425 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GREGG, ALEX R 5100 W. KENNEDY BLVD., SUITE 425 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WOODS, DANIEL 1859 PINE ISLAND ROAD PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	Stewart, Hugh P.O. Box 187 Zephyrhills, FL 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	600003264876--2 -05/24/00--01042--033 ****100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Stewart

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

Date

Daytime Phone #

CR2E083 (9/99)