

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000153

1. Entity Name

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

FILED
01 MAR 26 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

5739 Gall Blvd.
Zephyrhills, FL 33541

Mailing Address

P.O. Box 187
Zephyrhills, FL 33539

2. Principal Place of Business

1895 N. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 517

Suite, Apt. #, etc.

City & State

N. Ft. Myers, FL

City & State

Zephyrhills, FL 33520-517

Zip

33903

Country

USA

Zip

33539-0517

Country

USA

4. FEI Number

65-0813117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

McALVANAH, THOMAS P.
5739 Gall Blvd.
Zephyrhills, FL 33541

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 NAME MGR
STREET ADDRESS STEWART, HUGH
CITY-ST-ZIP P.O. BOX 187
ZEPHYRHILLS, FL 33541 ☐ Delete

TITLE NAME MGR
STREET ADDRESS GREGG, ALEX T
CITY-ST-ZIP 5100 W. KENNEDY BLVD., SUITE 425
TAMPA, FL 33609 ☐ Delete

TITLE NAME MGR
STREET ADDRESS GREGG, ALEX R
CITY-ST-ZIP 5100 W. KENNEDY BLVD, SUITE 425
TAMPA, FL 33609 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGR ☒ Change ☐ Addition
STREET ADDRESS STEWART, HUGH
CITY-ST-ZIP 5250 N.W. 95TH AVENUE
CORAL SPRINGS, FL 33067

TITLE NAME MGR ☒ Change ☐ Addition
STREET ADDRESS GREGG, ALEX T
CITY-ST-ZIP 765 S.W. 148TH AVE., #1204
SUNRISE, FL 33325

TITLE NAME MGR ☒ Change ☐ Addition
STREET ADDRESS GREGG, ALEX R
CITY-ST-ZIP 765 S.W. 148TH AVE., #1204
SUNRISE, FL 33325

TITLE NAME MGR ☒ Change ☐ Addition
STREET ADDRESS WOODS, DANIEL
CITY-ST-ZIP 14859 MOORPARK BLVD., #101
SHERMAN OAKS, CA 91403

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, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)