

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 1637 AF

DOCUMENT # L98000000501

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

00 APR 29 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

DO NOT WRITE IN THIS SPACE

City & State
ZEPHYRHILLS

City & State
Zephyrhills, FL

4. FEI Number
59-3512671

Applied For
Not Applicable

Zip
FL

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, CATHERINE
5100 WEST KENNEDY BLVD., STE. 425
TAMPA FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
STEWART, HELEN
5100 WEST KENNEDY BLVD., STE. 425
TAMPA FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
WOODS, DANIEL
5100 WEST KENNEDY BLVD., STE. 425
TAMPA FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
STEWART, HUGH
5100 WEST KENNEDY BLVD., STE. 425
TAMPA FL 33609 ☐ 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, Catherine
P.O. Box 187
Zephyrhills, FL 33541 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
700003256087-5
-05/17/00--01081--002
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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
☐ 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)