

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000501

1. Entity Name

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

FILED

3/29

01 MAR 26 PM 12:43

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

10705 Malden Drive

3. Mailing Address

P.O. Box 517

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

Zephyrhills, FL 33539-3517

Zip

34654

Country

Zip

33539-0517

Country

USA

4. FEI Number

59-3512671

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

7. Name and Address of New Registered Agent

Name

McALVANAH, THOMAS P.

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

3/23/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

|                                                |                                                                             |                                 |
|------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STEWART, CATHERINE<br>P.O. BOX 187<br>ZEPHYRHILLS, FL 33541          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STEWART, HELEN<br>5100 W. KENNEDY BLVD, STE 425<br>TAMPA, FL 33609   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WOODS, DANIEL<br>5100 WEST KENNEDY BLVD., STE 425<br>TAMPA, FL 33609 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STEWART, HUGH<br>P.O. BOX 187<br>ZEPHYRHILLS, FL 33541               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete |

|                                                |                                                                                  |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STEWART, CATHERINE<br>5250 N.W. 95TH AVENUE<br>CORAL SPRINGS, FL 33067    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STEWART, HELEN<br>965 N. NOB HILL RD, #219<br>PLANTATION, FL 33322        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WOODS, DANIEL<br>14859 MOORPARK BLVD., APT. 101<br>SHERMAN OAKS, CA 91403 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STEWART, HUGH<br>5250 N.W. 95TH AVENUE<br>CORAL SPRINGS, FL 33067         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

200003932142-5  
-03/30/01-D1095-009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 #

3/29/01

CR2E083 (11/00)