

# 2000 UNIFORM BUSINESS REPORT (UBR)

2010618 AF

DOCUMENT # L98000001403

1. Entity Name  
MPIB, LIMITED LIABILITY COMPANY

Principal Place of Business  
602 FRONT STREET  
CELEBRATION FL 34747

Mailing Address  
602 FRONT STREET  
CELEBRATION FL 34747-4675

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 11 AM 11:06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3537066

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

DIAMOND, PHILIP A  
C/O CARLTON FIELDS  
255 SOUTH ORANGE AVE., SUITE 1600  
ORLANDO FL 32801

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	MGR	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MARK C	
STREET ADDRESS	610 GOLFPARK DRIVE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES

MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
COLLINS, PAUL P.		
P.O. BOX 470515		
CELEBRATION, FL 34747		
mf 2/22/00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9000003148589--0		
-02/28/00--01006--002		
*****50.00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<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 REQUIRED**

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

Date

Daytime Phone #

2-9-00

(407) 566-8132

CR2E083 (9/99)