

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001520

1. Entity Name
MPG PUBLIX OF CITRUS PARK, L.C.

Principal Place of Business

28050 U.S. HIGHWAY 19 NORTH, SUITE ~~200~~ 205
CLEARWATER FL 33761

Mailing Address

28050 U.S. HIGHWAY 19 NORTH, SUITE ~~200~~
CLEARWATER FL 33761-2627

FILED

00 MAR 23 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

205

City & State

3. Mailing Address

Suite, Apt. #, etc.

205

City & State

4. FEI Number

59-3528282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAACK, JAMES A ESQ
STAACK & SIMMS, P.A.
121 NORTH OSCEOLA AVENUE, SUITE 200
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name Louanne S. Love, P.A.
Street Address (P.O. Box Number is Not Acceptable)
28050 US Hwy 19 N., Ste. 205
City Clearwater FL Zip Code 33761

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 MGRM
STREET ADDRESS MONROE, CHARLES H III
CITY- ST- ZIP 28050 U.S. HIGHWAY 19 NORTH, SUITE 208
CLEARWATER FL 33761

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
700003198287--2
04/06/00 01850-012
*****50.00 *****50.00

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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 #

3/20/00 727-669-7412

CR2E083 (9/99)