

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001520

1. Entity Name

MPG PUBLIX OF CITRUS PARK, L.C.

FILED

01 APR 27 PM 4: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2627 MCCORMICK DRIVE, SUITE 102
CLEARWATER FL 33759

Mailing Address

2627 MCCORMICK DRIVE, SUITE 102
CLEARWATER FL 33759

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

59-3528282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOUANNE S. LOVE, P.A.

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

7. Name and Address of New Registered Agent

Name

STACK, JAMES A. ESQ.

Street Address (P.O. Box Number is Not Acceptable)

121 NORTH OSCEOLA AVENUE

2ND FLOOR

City

CLEARWATER

FL

Zip Code

33755

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
M
MONROE, CHARLES H. III
STREET ADDRESS 2627 MCCORMICK DRIVE, SUITE 102
CITY-ST-ZIP CLEARWATER FL 33759

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

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TITLE NAME ☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

727-669-7412

CR2E083 (11/00)