

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001521

1. Entity Name  
MPG PUBLIX OF ENGLEWOOD, L.C.

FILED

01 APR 27 PM 4: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2627 MCCORMICK DRIVE, SUITE 102  
CLEARWATER FL 33759

Mailing Address  
2627 MCCORMICK DRIVE, SUITE 102  
CLEARWATER FL 33759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3528281

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

7. Name and Address of New Registered Agent

LOUANNE S. LOVE, P.A.  
28050 U.S. HIGHWAY 19 N., SUITE 205  
CLEARWATER FL 33761

Name STAACK, 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]* JAMES A. STAACK 04/10/01  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME MONROE, CHARLES H III  
STREET ADDRESS 28050 U.S. HIGHWAY 19 N., SUITE 205  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

727-669-7412

CR2E083 (11/00)