

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 21 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002914

1. Entity Name  
FEI MITBANK, L.L.C.

Principal Place of Business  
18505 PAULSON DRIVE, BUILDING B  
PORT CHARLOTTE FL 33954

Mailing Address  
18505 PAULSON DRIVE, BUILDING B  
PORT CHARLOTTE FL 33954-1045



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0883660

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

HACKETT, JACK O II  
115 W. OLYMPIA AVENUE  
PUNTA GORDA FL 33950

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

10. ADDITIONS / CHANGES

TITLE NAME MGRM ROSS, DONALD H ☐ Delete  
STREET ADDRESS 18505 PAULSON DRIVE, BLDG. B  
CITY- ST- ZIP PORT CHARLOTTE FL 33948

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200003245652--5  
CITY- ST- ZIP -05/09/00--01125--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM KOCUR, CHARLES L ☐ Delete  
STREET ADDRESS 18505 PAULSON DRIVE, BUILDING B  
CITY- ST- ZIP PORT CHARLOTTE FL 33948

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

TITLE NAME MGRM DODD, ANDREW J ☐ Delete  
STREET ADDRESS 18505 PAULSON DRIVE, BUILDING B  
CITY- ST- ZIP PORT CHARLOTTE FL 33948

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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 of Andrew J. Dodd*

4/12/00

941 624-2911

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

Date

Daytime Phone #

CR2E083 (9/99)