

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002286 AF

DOCUMENT # L98000003395

1. Entity Name  
M.H.P. GROUP EIGHT, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:37

Principal Place of Business  
6403 NW 102ND TERRACE  
PARKLAND FL 33076

Mailing Address  
6403 NW 102ND TERRACE  
PARKLAND FL 33076-2357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6037 Harriet Street  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 2296  
Suite, Apt. #, etc.

City & State  
Zephyrhills, FL  
Zip  
33541  
Country  
PASCO

City & State  
Zephyrhills, FL  
Zip  
33539  
Country  
PASCO

4. FEI Number  
59-3510463

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

STEWART, HUGHT  
6403 NW 102ND TERRACE  
PARKLAND FL 33076

## 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 \_\_\_\_\_ (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  
NAME STEWART, HELEN  
STREET ADDRESS 6403 NW 102ND TERRACE  
CITY-ST-ZIP PARKLAND FL 33076 ☐ Delete

TITLE MGR  
NAME STEWART, HUGH  
STREET ADDRESS 6403 NW 102ND TERRACE  
CITY-ST-ZIP PARKLAND FL-33076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
-f39/00  
400003169154--2  
-03/14/00--01088--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

2-22-00

Date Daytime Phone #

CR2E083 (9/99)