

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003395

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

Principal Place of Business

6037 HARRIET STREET  
ZEPHYRHILLS FL 33541

Mailing Address

~~P.O. BOX 2246~~  
ZEPHYRHILLS FL 33539

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 517

Suite, Apt. #, etc.

City & State

Zip

33539-0517

Country

4. FEI Number

59-3514463  
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, CATHERINE  
6463 NW 102ND TERRACE  
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name

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

5250 N.W. 95th AVENUE

CORAL SPRINGS

City

FL

Zip Code  
33067

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 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 5250 N.W. 95th AVENUE  
CITY-ST-ZIP CORAL SPRINGS, FL 33067 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 5250 N.W. 95th AVENUE  
CITY-ST-ZIP CORAL SPRINGS, FL 33067 ☒ Change ☐ Addition

TITLE MGR  
NAME DANIEL WOODS  
STREET ADDRESS 14859 MOORPARK BLVD. #101  
CITY-ST-ZIP SHERMAN OAKS, CA 91403 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 500003819545-4  
-03/08/01--01111-009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ 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)(l), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X DANIEL WOODS X 2-23-01 782-0580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MGR Date Daytime Phone #

FILED  
01 MAR -2 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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