

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003411

1. Entity Name
MF&M LAW, L.L.C.

Principal Place of Business
400 NORTH TAMPA STREET, SUITE 2300
TAMPA FL 33602

Mailing Address
P.O. BOX 1531
TAMPA FL 33601

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 59-3555096

Applied For
Not Applicable

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

WATSON, ANSLEY JR.
400 NORTH TAMPA STREET, SUITE 2300
TAMPA FL 33602

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

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGRM
MACFARLANE FERGUSON & MCMULLEN, P.A.
STREET ADDRESS 400 NORTH TAMPA STREET, SUITE 2300
CITY-ST-ZIP TAMPA FL 33602

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/23/01

813-273-4321

Date

Daytime Phone #

0016839 AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

FILED

01 MAR 27 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MACFARLANE FERGUSON & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

900 HIGHPOINT CENTER
106 EAST COLLEGE AVENUE
TALLAHASSEE, FLORIDA 32301
(850) 681-7381 FAX (850) 681-0281

400 NORTH TAMPA STREET, SUITE 2300
P.O. BOX 1531 (ZIP 33601)
TAMPA, FLORIDA 33602
(813) 273-4200 FAX (813) 273-4396

625 COURT STREET
P. O. BOX 1669 (ZIP 33757)
CLEARWATER, FLORIDA 33756
(727) 441-8966 FAX (727) 442-8470

IN REPLY REFER TO:

Tampa

March 23, 2001

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
P 843 469 722

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

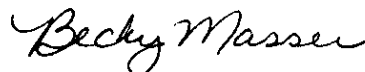
Re: 2001 Uniform Business Report

Dear Sir/Madam:

Enclosed for filing please find the completed and signed UBR and a check for \$50.00 for Document # L98000003411, MF&M, L.L.C.

If you need anything further or have any questions please call me at (813)273-4200 ext. 4304.

Sincerely,



Becky Masser
Assistant to JAMES W. GOODWIN

/rbm
Enclosures