

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99.000002503

1. Entity Name

MHP Group Nine L.C.

Principal Place of Business

Mailing Address

Webster Travel Park

2085 C.R. 740

Webster FL 33597

2. Principal Place of Business

3. Mailing Address

2085 C.R. 740

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Webster FL

Zip

Country

Zip

Country

33597

Sumter

4. FEI Number

593590267

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

Thomas P. Mcalavanah P.A.

Name

Catherine M. Stewart

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

5739 Gall Blvd

Zephyrhills Florida 33541

2085 C.R. 740

City Webster

FL

Zip Code

33597

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

Catherine M. Stewart

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-20-01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Alexander T. Gress  
11261 Heron Bay Blvd Apt. 3324  
Coral Springs FL 33076

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Catherine Gress  
11261 Heron Bay Blvd Apt. 3324  
Coral Springs FL 33076

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Hugh Stewart  
5256 N.W. 95th Ave  
Coral Springs FL 33067

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100004653801--2  
-10/25/01--01076--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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 #

8-20-01 954 288-8845

CR2E083 (11/00)