

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90069 017 \*\*\*\*\*50.00

**DOCUMENT # L99000002503**

1. Entity Name

**M.H.P. GROUP NINE, L.L.C.**

Principal Place of Business

**2085 C.R. 740  
 WEBSTER FL 33597**

Mailing Address

**2085 C.R. 740  
 WEBSTER FL 33597**

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

**59-3590267**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, CATHERINE M  
 2085 C.R. 740  
 WEBSTER FL 33597**

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

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **STEWART, HUGH**  
 STREET ADDRESS **5250 N.W. 85TH AVE.**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **MGR** ☐ Delete  
 NAME **GREGG, CATHERINE**  
 STREET ADDRESS **11261 HERON BAY BLVD., APT. 3324**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33078**

TITLE **MGR** ☐ Delete  
 NAME **GREGG, ALEXANDER T**  
 STREET ADDRESS **11261 HERON BAY BLVD., APT. 3324**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **Hugh Stewart**  
 STREET ADDRESS **6260 Wiles Rd #102**  
 CITY-ST-ZIP **Coral Springs FL 33067**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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: Hugh Stewart-Hugh Stewart**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-3-02 954 575-0234**

Date

Daytime Phone #

CR2E083 (9/01)