

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **L99000004565**

1. Entity Name  
**MPG ASSOCIATES, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:57

Principal Place of Business C/O R. SCOTT PRICE, ESQ. 2640 GOLDEN GATE PARKWAY SUITE 315 NAPLES FL 34105	Mailing Address C/O R. SCOTT PRICE, ESQ. 2640 GOLDEN GATE PARKWAY SUITE 315 NAPLES FL 34105-3203
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3521 BONITA BAY BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>3521 BONITA BAY BLVD</b> Suite, Apt. #, etc.
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City & State <b>BONITA SPRINGS</b>	City & State <b>BONITA SPRINGS</b>	4. FEL Number <b>59-3590180</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip <b>FLORIDA</b>	Country <b>USA</b>	Zip <b>FL</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PRICE, R. SCOTT ESQ KELLY PRICE PASSIDOMO SIKET &amp; SOLOS 2640 GOLDEN GATE PARKWAY SUITE 315 NAPLES FL 34105</b>	7. Name and Address of New Registered Agent Name <b>MPG ASSOCIATES - WILLIAM G. PRICE, JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>3521 BONITA BAY BLVD</b> City <b>BONITA SPRINGS FL</b> Zip Code <b>34134</b>
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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 **William G. PRICE, JR** **11/15/00**  
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGARVEY, JOHN S 3521 BONITA BAY BLVD BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGARVEY IRREVOCABLE TRUST 3521 BONITA BAY BLVD BONITA SPRINGS FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERNER, DANIEL F 3521 BONITA BAY BLVD BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003172767-3 -03/16/00--01073--005 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRICE, WILLIAM G JR 3521 BONITA BAY BLVD BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **WILLIAM G. PRICE, JR** **11/15/00** **911-992-8990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)