

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011791 AF

DOCUMENT # L99000005066

1. Entity Name
MILLENNIUM PROPERTY GROUP, L.L.C.

00 APR 28 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3330 FISHER ROAD
CLEARWATER FL 33763

Mailing Address
3330 FISHER ROAD
CLEARWATER FL 33763-0905



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MAN

DO NOT WRITE IN THIS SPACE

4. FFL Number

52-2186567

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

GAYLE WORDIE SNOW

3330 FISHER ROAD

CLEARWATER FL 33763

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GAYLE WORDIE SNOW
3330 FISHER ROAD
CLEARWATER FL 33763

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Change

☐ Addition

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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:

727-784-6771
4/26/00
SIGNATURE REQUIRED

Gayle Wordie Snow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)