

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 30 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006203

1. Entity Name

MORNING MIST, LC

Principal Place of Business

2189 CLEVELAND STREET, SUITE 210  
CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND STREET, SUITE 210  
CLEARWATER FL 33765-3213



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2189 CLEVELAND ST  
SUITE 206

3. Mailing Address

2189 CLEVELAND ST  
SUITE 206

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3606161

Applied For

Not Applicable

Zip

33765

Country

Zip

33765

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAYER, G.T.

2189 CLEVELAND STREET, SUITE 210  
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name G.T. MAYER

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

2189 CLEVELAND ST  
SUITE 206

City

CLEARWATER

FL

Zip Code

33765

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

*G.T. Mayer*

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME MORTON & OXLEY, LTD  
STREET ADDRESS 2189 CLEVELAND STREET, SUITE 210  
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2189 CLEVELAND ST. SUITE 206  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900003256109--5  
CITY-ST-ZIP -05/17/00--01081--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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:

*G.T. Mayer* REQUIRED

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

4/27/00

Date

Daytime Phone #

CR2E083 (9/99)