## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # M71326** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name MHCA ENTERPRISES, INC. 04-24-2000 90157 033 \*\*\*150.00 Principal Place of Business Mailing Address 1876-A EIDER COURT 1876-A EIDER COURT TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-4537 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2887045 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEVEY, DONALD J. Street Address (P.O. Box Number is Not Acceptable) 1876-A EIDER COURT TALLAHASSEE FL 32308 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Treasurer (X) Change ☐ Addition ☐ Delete TITLE KOPERA, ANTHONY A NAME Kopera, Anthony NAME STREET ADDRESS 4740 N CLARK ST STREET ADDRESS Same CITY-ST-7IP CITY-ST-ZIP CHICAGO IL 60640 Same , 💢 Change ☐ Addition ☐ Delete TITLE Vice-Chairman BRINKER, ERVIN R. NAME Brinker, Ervin R. 140 W. MICHIGAN AVE STREET ADDRESS STREET ADDRESS Same CITY-ST-ZIP **BATTLE CREEK MI** CITY-ST-ZIP Same (X) Change Addition ☐ Delete TITLE Chairman DAVIDSON, WESLY R NAME Davidson, Wesley R. ONE VAUGHN PL STREET ADDRESS STREET ADDRESS Same CITY-ST-ZIP CARIBOU ME 04736 CITY-ST-ZIP Same Secretary Addition TITLE ☐ Delete TITLE Angell, Kristen S. HEVEY, DONALD J. NAME NAME STREET ADDRESS 710 S.W. 2nd Avenue, 4th Floor STREET ADDRESS 1876-A EIDER COURT CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Portland, OR 97204 CD **又** Delete TITLE ☐ Addition TITLE SETTE, WILLIAM NAME NAME STREET ADDRESS 700 AIRPORT RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD NJ TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: Donald J. Hovey Dova D J. HE

4/18/2000

850-942-4900

Daytime Phone #