

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004427

1. Entity Name

MFCH, INC.

Principal Place of Business

1022 COMMERCIAL DRIVE
TALLAHASSEE FL 32310

Mailing Address

% DONNA NUDD
1402 SOUTH MERIDIAN STREET
TALLAHASSEE FL 32301-4437

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

59-3339558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUDD, DONNA
1402 SOUTH MERIDIAN STREET
TALLAHASSEE FL 32301

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GAGE, SUSAN
STREET ADDRESS 1407 SOUTH MERIDIAN STREET
CITY - ST - ZIP TALLAHASSEE FL 32301

☐ Change ☐ Addition
800003335008--5
-07/25/00--01049--014
*****61.25 *****61.25

TITLE D ☐ Delete
NAME MILINKOVICH, DONA
STREET ADDRESS 719 EAST TENNESSEE STREET
CITY - ST - ZIP TALLAHASSEE FL 32302

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

TITLE D ☐ Delete
NAME NUDD, DONNA
STREET ADDRESS 1402 SOUTH MERIDIAN STREET
CITY - ST - ZIP TALLAHASSEE FL 32301

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

TITLE D ☐ Delete
NAME POTTS, ISABELLE
STREET ADDRESS 1407 SOUTH MERIDIAN STREET
CITY - ST - ZIP TALLAHASSEE FL 32301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/00

Date

224-8188

Daytime Phone #

APPROVED
AND
FILED

00 JUL 21 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE