

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004546

1. Entity Name

MURDOCK RETAIL CENTER ASSOCIATION, INC.

Principal Place of Business

1530 HEITMAN ST.  
ATTN: DAVID ROBBINS  
FT. MYERS FL 33901  
US

Mailing Address

1530 HEITMAN ST.  
ATTN: DAVID ROBBINS  
FT. MYERS FL 33901-3004  
US

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

65-0648444

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

STOLPE, TOD  
APPLE SOUTH, INC.  
19010 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33948

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	PD	<input type="checkbox"/> Delete
NAME	STOLPE, TOD	
STREET ADDRESS	19010 MURDOCK CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FURMAN, ROBERT	
STREET ADDRESS	1663 MOUND ST.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBBINS, DAVID L.	
STREET ADDRESS	1530 HEITMAN STREET	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of David Robbins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2000

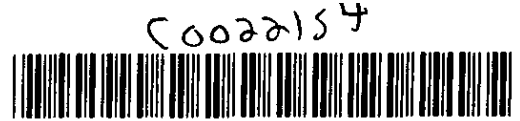
Date

941-339-1341

Daytime Phone #

FILED  
Feb 24, 2000 8:00 am  
Secretary of State

02-24-2000 90028 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)