

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA3000025518**

1. Entity Name
MICKILAN: DEER CREEK, INC.

FILED

00 SEP -6 PM 1:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address
1400 GRASSLANDS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
06

City & State

City & State
LAKELAND

Zip

Country

Zip
33803

Country
USA

4. FFI Number

59-3173938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN D. BURKEY
1400 GRASSLANDS BLVD. UNIT 66
LAKELAND, FL 33803**

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

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00

AFTER MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **JOHN D. BURKEY**
STREET ADDRESS **1400 GRASSLANDS BLVD # 66**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME **100003389341-2**
STREET ADDRESS **-09/12/00--01022--010**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **SECRETARY** ☐ Delete
NAME **DEAN T. BURKEY**
STREET ADDRESS **1423 S. LINCOLN AVENUE**
CITY-ST-ZIP **LAKELAND, FL 33803**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22/2000 863-602-6000

CR2E034 (9/99)