

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076001

1. Entity Name

M & F ENTERPRISES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90256 032 ***150.00

Principal Place of Business

Mailing Address

4300 BAYOU BLVD
STE 12 & 13
PENSACOLA FL 32503

4300 BAYOU BLVD
STE 12 & 13
PENSACOLA FL 32503-2614

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 **59-3208674**

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

FERGUSON, MICHAEL L
4300 BAYOU BLVD
STE 12 & 13
PENSACOLA FL 32503

Name **STEPHEN R. MOORHEAD**

Street Address (P.O. Box Number is Not Acceptable)
4300 BAYOU BOULEVARD

SUITE 13

City **PENSACOLA**

FL

Zip Code
32503

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  **Stephen R. Moorhead** **4/14/00**

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	D	<input type="checkbox"/> Delete
NAME	MCDONALD, BRUCE A	
STREET ADDRESS	2600 HEYWARD DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, EDWARD P	
STREET ADDRESS	4300 BAYOU BLVD ST 13	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORHEAD, STEPHEN R	
STREET ADDRESS	4300 BAYOU BLVD., STE 13	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, MICHAEL L	
STREET ADDRESS	2350 BLUFFS CIR	
CITY-ST-ZIP	PENSACOLA FL 32503	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, WILLIAM J.	
STREET ADDRESS	1000 SORRENTO RD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JAMES D.	
STREET ADDRESS	1316 E. JORDAN ST	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. McDonald **4/14/00** **850-477-0660**

Date

Daytime Phone #

CR2E034 (9/99)