

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061946

1. Entity Name  
MMG HOLDING CORP.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
05-03-2001 90478 001 \*2,611.25

Principal Place of Business

Mailing Address

~~6177 LAKE ELLENOR DR.~~  
~~ORLANDO FL 32809~~

~~6177 LAKE ELLENOR DR.~~  
~~ORLANDO FL 32809~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1781 Park Center Drive

3. Mailing Address

1781 Park Center Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

65-0530264

Applied For

Not Applicable

Zip

32835

Country

USA

Zip

32835

Country

USA

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

CT CORPORATION SYSTEM  
1200 PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2001 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 PD ☒ Delete  
NAME FREY, CHARLES C  
STREET ADDRESS 6177 LAKE ELLENOR DR.  
CITY-ST-ZIP ORLANDO FL 32809

TITLE PD ☐ Change ☒ Addition  
NAME Gregory F. Rayburn  
STREET ADDRESS 1781 Park Center Drive  
CITY-ST-ZIP Orlando, FL 32835

TITLE S ☒ Delete  
NAME RICHMOND, STEPHEN M  
STREET ADDRESS 6177 LAKE ELLENOR DR.  
CITY-ST-ZIP ORLANDO FL 32809

TITLE VPD ☐ Change ☒ Addition  
NAME Lawrence E. Young  
STREET ADDRESS 1781 Park Center Drive  
CITY-ST-ZIP Orlando, FL 32835

TITLE D ☒ Delete  
NAME MORISON, T. LINCOLN  
STREET ADDRESS 6177 LAKE ELLENOR DR.  
CITY-ST-ZIP ORLANDO FL 32809

TITLE AS ☐ Change ☒ Addition  
NAME John M. Campbell  
STREET ADDRESS 1781 Park Center Drive  
CITY-ST-ZIP Orlando, FL 32835

TITLE T ☒ Delete  
NAME BROWN, KEITH J  
STREET ADDRESS 6177 LAKE ELLENOR DR.  
CITY-ST-ZIP ORLANDO FL 32809

TITLE AT ☐ Change ☒ Addition  
NAME Eric P. Butte  
STREET ADDRESS 1781 Park Center Drive  
CITY-ST-ZIP Orlando, FL 32835

TITLE D ☒ Delete  
NAME GISPANSKI, THOMAS J  
STREET ADDRESS 6177 LAKE ELLENOR DR.  
CITY-ST-ZIP ORLANDO FL 32809

TITLE T ☐ Change ☒ Addition  
NAME David C. Johnston  
STREET ADDRESS 1781 Park Center Drive  
CITY-ST-ZIP Orlando, FL 32835

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: John M. Campbell, AS  
*John M. Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01  
Date

407-532-1000  
Daytime Phone #

CR2E034 (10/00)