

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000067326**

1. Entity Name

MY COUSIN'S PLACE, INC.

Principal Place of Business

Mailing Address

**215 144TH AVE. EAST
MADEIRA BEACH FL 33708****P.O. BOX 8006
MADEIRA BEACH FL 33738-8006**

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 **59-3270343**Applied For
Not Applicable5. 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

**SCHOENDORF, JUDITH L
215 114 AVE EAST
MADEIRA BEACH FL 33708**

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SCHOENDORF, JUDITH L**
CITY-ST-ZIP **215 144TH AVE. EAST
MADEIRA BEACH FL 33705**TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **PORTER, MARY J**
CITY-ST-ZIP **2421 W PRAH # 751
CHICAGO IL**TITLE ☒ Delete
NAME ~~**ROBIN PORTER**~~
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VB**
STREET ADDRESS **ROBIN PORTER**
CITY-ST-ZIP **9143 NW 2ND COURT
MIAMI SHORES, FL 33150**TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **CHRISTINA PORTER**
CITY-ST-ZIP **84 STONEWAY PLACE
BALTIMORE, MD 21236**TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **DAVE SILVERMAN**
CITY-ST-ZIP **5030 W 35TH AVE
DENVER, CO 80212**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:

JUDITH L. SCHOENDORF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 319-2507**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90118 007 ***150.00

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DO NOT WRITE IN THIS SPACE