

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077898

1. Entity Name

MIG MANAGEMENT SERVICES OF FLORIDA, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90055 037 \*\*\*150.00

Principal Place of Business

Mailing Address

250 AUSTRALIAN AVE  
STE 400  
WEST PALM BEACH FL 33401

250 AUSTRALIAN AVE  
STE 400  
WEST PALM BEACH FL 33401-5012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0528753

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEINER, JANE M  
250 S. AUSTRALIAN AVE.  
STE 400  
WEST PALM BEACH FL 33401

Name

Jeffrey P. Janisch

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

250 Australian Avenue, Suite 400

City

West Palm Beach

FL

Zip Code  
33401

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 By:

*Jeffrey P. Janisch*

Jeffrey P. Janisch, Registered Agent

4/19/2000

Signature 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 DP ☐ Delete  
NAME WRIGHT, LARRY E  
STREET ADDRESS 250 AUSTRALIAN AVE. S., SUITE 301  
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE D ☐ Delete  
NAME COTE, JAMES A  
STREET ADDRESS 2175 N. CALIFORNIA BLVD -STE 800  
CITY-ST-ZIP WALNUT CREEK CA 94596

TITLE D/S ☒ Change ☐ Addition  
NAME COTE, JAMES A.  
STREET ADDRESS 2175 N. CALIFORNIA BLVD., SUITE 800  
CITY-ST-ZIP WALNUT CREEK, CA 94596

TITLE DVST ☒ Delete  
NAME GUTIN, KATHLEEN L  
STREET ADDRESS 250 S. AUSTRALIAN AVE. STE 400  
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE V ☐ Delete  
NAME STONE, CHARLES J  
STREET ADDRESS 250 AUSTRALIAN AVE. S., SUITE 301  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE V/T ☒ Change ☐ Addition  
NAME STONE, CHARLES J.  
STREET ADDRESS 250 AUSTRALIAN AVENUE, SUITE 400  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: BY: *Larry E Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/19/00

(561) 820-1300

CR2E034 (9/99)