

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082934

1. Entity Name

MIG DEVELOPMENT COMPANY

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90144 025 ***150.00

Principal Place of Business
250 AUSTRALIAN AVE.. SOUTH
SUITE 400
WEST PALM BEACH FL 33401

Mailing Address
250 AUSTRALIAN AVE.. SOUTH
SUITE 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

Zip

Country

Zip

Country

4. FEI Number 65-0558768

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

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

Name Dawn Hogue
Street Address (P.O. Box Number is Not Acceptable)
250 Australian Ave, S. Ste 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 Dawn M. Hogue
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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 | DCOO | <input type="checkbox"/> Delete |
| NAME | WAYMAN, EDWIN B | |
| STREET ADDRESS | 250 AUSTRALIAN AVE., SOUTH | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | DCEO | <input type="checkbox"/> Delete |
| NAME | WRIGHT, LARRY E | |
| STREET ADDRESS | 250 AUSTRALIAN AVE -STE 400 | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | DSV | <input type="checkbox"/> Delete |
| NAME | COTE, JAMES A | |
| STREET ADDRESS | 2175 N. CALIFORNIA BLVD- STE 800 | |
| CITY-ST-ZIP | WALNUT CREEK CA | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ELWOOD, JAMES C. | |
| STREET ADDRESS | 250 S. AUSTRALIAN AVE. STE 400 | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | KALIK, LANNY | |
| STREET ADDRESS | 250 S. AUSTRALIAN AVE. STE 400 | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | DSV | <input type="checkbox"/> Delete |
| NAME | VOGT, LOUIS E. | |
| STREET ADDRESS | 5025 SETLAND CT | |
| CITY-ST-ZIP | RICHMOND HEIGHTS OH 44143 | |

| | |
|----------------|---|
| 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 | |
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| 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

561-820-1300

Daytime Phone #