

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000963

1. Entity Name

L & R M.H.P. PROPERTIES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90090 012 ***150.00

Principal Place of Business

36100 DOCKSIDE PLACE
DADE CITY FL 33525
US

Mailing Address

36100 DOCKSIDE PLACE
DADE CITY FL 33525-8482
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3286544

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

MCCLAIN, JOE A
37908 CHURCH AVENUE
DADE CITY FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RANDALL, GEORGE R	
STREET ADDRESS	36124 BASS DRIVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RANDALL, MARY A	
STREET ADDRESS	36124 BASS DRIVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANSLOWNE, CYNTHIA K	
STREET ADDRESS	36106 ANGLER LANE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	LANSLOWNE, PAUL T	
STREET ADDRESS	36106 ANGLER LANE	
CITY-ST-ZIP	DADE CITY FL 33525	
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		
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STREET ADDRESS		
CITY-ST-ZIP		
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: George Randall **GEORGE R. RANDALL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22, 2000 Date

352-521-3601 Daytime Phone #

CR2E034 (9/99)