

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049052

1. Entity Name

INLAND INVESTMENT GROUP, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90003 024 ***150.00

Principal Place of Business

Mailing Address

6440 SO. WELLESLEY DRIVE
BRADENTON FL 34207

6440 SO. WELLESLEY DRIVE
BRADENTON FL 34207-5162

2. Principal Place of Business

3025 Markridge Road

Suite, Apt. #, etc.

3. Mailing Address

PO Box 21405

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0605430

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34276-5405

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

MILENKI, MICHAEL H
6440 SO. WELLESLEY DRIVE
BRADENTON FL 34207

Name

Michael H. Milenki

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

3025 Markridge Road

City

Sarasota

FL

Zip Code
34231

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

Michael H. Milenki

08/30/00

(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 | D | <input type="checkbox"/> Delete |
| NAME | MILENKI, MICHAEL H | |
| STREET ADDRESS | 6440 SO. WELLESLEY DRIVE | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michael H Milenki |
| STREET ADDRESS | 3025 Markridge Road |
| CITY-ST-ZIP | Sarasota, FL 34231 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Milenki 08/30/00 (941) 923-8350

Date

Daytime Phone #

CR2E034 (9/99)

Attachment P95000049052
D0083627

Linda Gabriel, CPA
3025 Markridge Road
Sarasota, FL 34231
(941) 923-8539 Phone
(941) 927-2347 Fax

August 30, 2000

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Inland Investment Group, Inc.
Document #P95000049052

Dear Sir or Madam:

Enclosed is the completed Uniform Business Report for 2000 for Inland Investment Group, Inc. and a check for \$150.00. We are requesting that the penalty for late filing be waived. Mr. Milenki did not receive the forms on a timely basis as the result of complications of his divorce and because of his change of address.

Thank you for your consideration in this matter.

Sincerely,



Linda Gabriel, CPA