

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90002 035 \*\*\*558.75

**DOCUMENT # P96000026707**

1. Entity Name  
**MNYX SAWGRASS CORP.**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0710882**

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

**JANISCH, JEFFREY P  
 250 AUSTRALIAN AVE. SOUTH  
 SUITE 400  
 WEST PALM BEACH FL 33401**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **PSD** ☒ Delete  
 NAME **WRIGHT, LARRY E**  
 STREET ADDRESS **250 AUSTRALIAN AVE. SOUTH SUITE 400**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **Alex Kathleen L** ☒ Change ☐ Addition  
 NAME **250 Australian**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VTAS Secretary Vice Pres / Treasurer** ☐ Delete  
 NAME **GURIN, KATHLEEN L**  
 STREET ADDRESS **250 AUSTRALIAN AVE. SOUTH SUITE 400**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **Secretary Vice Pres / Treasurer** ☒ Change ☐ Addition  
 NAME **Alex, Kathleen L**  
 STREET ADDRESS **250 Australian**  
 CITY-ST-ZIP

TITLE **VD** ☒ Delete  
 NAME **COTE, JAMES A**  
 STREET ADDRESS **2175 N CALIFORNIA BLVD STE 800**  
 CITY-ST-ZIP **WALNUT CREEK CA 94596**

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Lopez-Guadian, Helen**  
 STREET ADDRESS **250 Australian Ave Ste 400**  
 CITY-ST-ZIP **W. Palm Beach FL 33401**

TITLE **V President** ☐ Delete  
 NAME **VOGT, LOUIS E**  
 STREET ADDRESS **5025 SWETLAND CT**  
 CITY-ST-ZIP **RICHMOND HGTS CA 44143**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Louis Vagt**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **STONE, CHARLES J**  
 STREET ADDRESS **250 AUSTRALIAN AVE STE 400**  
 CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **William T. Hughes, Jr**  
 STREET ADDRESS **5025 Swetland Ct**  
 CITY-ST-ZIP **Richmond Heights, CA 44143**

TITLE **Vice President** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Helen Lopez-Guadian**

**9/14/01**

Date

**561-520-1300**

Daytime Phone #

CR2E034 (5/01)