

2000 UNIFORM BUSINESS REPORT (UBR) (AMENDED)

0602005

DOCUMENT # P96000068419

1. Entity Name
MASTERS GROUP, INC.

Principal Place of Business
**107 RIDGEWOOD AVE
CLEWISTON FL 33440
US**

Mailing Address
**P.O. BOX 2725
CLEWISTON FL 33440
US**

FILED
00 DEC 15 PM 2:43
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Amended UBR

4. FEI Number **65-0693407** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☒

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**SANDELLI, ALFRED J JR
107 RIDGEWOOD AVE
CLEWISTON FL 33440**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable)
City Zip Code
**200009914902-8
-12/27/00-01078-023
*****26.25 *****26.25
FL**

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.
**200009914902-8
-12/27/00-01078-024
*****35.00 *****35.00**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDELLI, MICHAEL S 102 RIDGEWOOD AVE CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDELLI, ALFRED J JR. 107 RIDGEWOOD AVE. CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDELLI, ROBERTA F 107 RIDGEWOOD AVE. CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDELLI, KAREN A 102 RIDGEWOOD AVE CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDELLI, ALFRED J., JR. 107 RIDGEWOOD AVENUE CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDELLI, MICHAEL S. 102 RIDGEWOOD AVENUE CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDELLI, ROBERTA F. 107 RIDGEWOOD AVENUE CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDELLI, KAREN A. 102 RIDGEWOOD AVENUE CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDELLI, ALFRED, SR. 107 RIDGEWOOD AVENUE CLEWISTON, FL 33440	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: Robert F. Sandelli ROBERTA F. SANDELLI, SECRETARY 9/6/2000 863-983-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)