

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034300

1. Entity Name
MEMBERSHIP GROUP PLANS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90124 048 ***150.00

Principal Place of Business

2729 AUTUMN LEAVES DR.
DAYTONA BEACH FL 32124

Mailing Address

2729 AUTUMN LEAVES DR.
DAYTONA BEACH FL 32124

00052603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5889 AIRPORT ROAD

Suite, Apt. #, etc.

SUITE 1431

3. Mailing Address

P.O. Box 290607

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

4. FEI Number 59-3441226

Applied For

Not Applicable

Zip

32124

Country

USA

Zip

32129

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFGANG, HENRY D
2729 AUTUMN LEAVES DR.
DAYTONA BEACH FL 32124

7. Name and Address of New Registered Agent

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

Henry D. Wolfgang HENRY D. WOLFGANG

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, 2001 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 D
NAME WOLFGANG, HENRY D
STREET ADDRESS 2729 AUTUMN LEAVES DR.
CITY-ST-ZIP DAYTONA BEACH FL 32124 ☐ Delete

TITLE D
NAME WOLFGANG, CAROLE D
STREET ADDRESS 2729 AUTUMN LEAVES DR.
CITY-ST-ZIP DAYTONA BEACH FL 32124 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Henry D. Wolfgang HENRY D. WOLFGANG

Date

4/27/01

Daytime Phone #

CR2E034 (10/00)