

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000071067**

1. Entity Name

MINCH HOSPITALITY CORPORATION

Principal Place of Business

4101 SW 38TH AVE
OCALA FL 34474
US

Mailing Address

3810 NW BLITCHTON ROAD
OCALA FL 34482-4062

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

TATE, MARK T
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
STEINBRENNER, HARLD Z
3802 DR MLK BLVD LEGENDS FIELD
TAMPA FL 33614 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SWINDAL, STEPHEN W
3802 DR MLK BLVD LEGENDS FIELD
TAMPA FL 33614 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
STEINBRENNER, HENRY G
3802 DR MLK BLVD LEGENDS FIELD
TAMPA FL 33614 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
STEIMLE, DONALD A
3810 NW BLITCHTON RD
OCALA FL 34482 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOLLOY, JESSICA A
3802 DR MLK BLVD LEGENDS FIELD
TAMPA FL 33614 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWINDAL, JENNIFER S
3802 DR MLK BLVD LEGENDS FIELD
TAMPA FL 33614 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Harold Z ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90009 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3464481**

Applied For

Not Applicable

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

3-24-00

352 732-3131