

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91135 021 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3464481**

Applied For

Not Applicable

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

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

Name

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

418 W PLATT Street

City

TAMPA**FL**

Zip Code

33606

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	STEINBRENNER, HAROLD Z	
STREET ADDRESS	3802 DR MLK BLVD LEGENDS FIELD	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	SWINDAL, STEPHEN W	
STREET ADDRESS	3802 DR MLK BLVD LEGENDS FIELD	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	STEINBRENNER, HENRY G	
STREET ADDRESS	3802 DR MLK BLVD LEGENDS FIELD	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	STEIMLE, DONALD A	
STREET ADDRESS	3810 NW BLITCHTON RD	
CITY-ST-ZIP	OCALA FL 34482	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MOLLOY, JESSICA A	
STREET ADDRESS	3802 DR MLK BLVD LEGENDS FIELD	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SWINDAL, JENNIFER S	
STREET ADDRESS	3802 DR MLK BLVD LEGENDS FIELD	
CITY-ST-ZIP	TAMPA FL 33614	

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

Date

Daytime Phone #

4-27-01 352 732 3131

CR2E034 (10/00)