

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90626 038 \*\*\*150.00

056160 AV

**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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TATE, MARK T  
 418 W PLATT STREET  
 TAMPA FL 33606**

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, 2002 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	CD	<input type="checkbox"/> Delete
NAME	STEINBRENNER, HAROLD Z	
STREET ADDRESS	3802 DR MLK BLVD LEGENDS FIELD	
CITY-ST-ZIP	TAMPA FL 33614	
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	VPD	<input type="checkbox"/> Delete
NAME	STEINBRENNER, HENRY G	
STREET ADDRESS	3802 DR MLK BLVD LEGENDS FIELD	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STEIMLE, DONALD A	
STREET ADDRESS	3810 NW BLITCHTON RD	
CITY-ST-ZIP	OCALA FL 34482	
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	D	<input type="checkbox"/> Delete
NAME	SWINDAL, JENNIFER S	
STREET ADDRESS	3802 DR MLK BLVD LEGENDS FIELD	
CITY-ST-ZIP	TAMPA FL 33614	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Don Steimle*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352 732 3131**

CR2E034 (9/01)