

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040969

1. Entity Name

MNH OF SARASOTA, INC.

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

06-03-2000 90001 026 \*\*\*150.00

Principal Place of Business 6200 N. TAMiami TRAIL #2 SARASOTA FL 34234	Mailing Address 5233 N. TAMiami TRAIL #2 SARASOTA FL 34234-2747
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2. Principal Place of Business Home, 12309 Tangier St. Suite, Apt. #, etc.	3. Mailing Address S A M E Suite, Apt. #, etc.
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City & State N. Port FL	City & State
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Zip 34287	Country SARASOTA	Zip	Country
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4. FEI Number 65-0837045	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEIMUR, MICHAEL 5233 N. TAMiami TRAIL #2 SARASOTA FL 34234	12309 Tangier St. N. Port, FL 34287
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7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIMUR, MICHAEL 5233 N. TAMiami TRAIL #2 SARASOTA FL 34234 <input checked="" type="checkbox"/> Delete Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Heimur Michael 12309 Tangier St. N. Port FL 34287 <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
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ Date: 4-9-00 Daytime Phone #: (941) 423-2652

CR2E034 (9/99)