## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 13, 2000 8:00 am Exercise Secretary of State DOCUMENT # P98000045243 1. Entity Name MUTUAL FRIENDS, INC. 09-13-2000 90044 038 \*\*\*550.00 Mailing Address Principal Place of Business 9453 HUNTER'S POND DRIVE 9453 HUNTER'S POND DRIVE TAMPA FL 33647-2578 TAMPA FL 33647 80106113 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3515353 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** -Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PD Delete TITLE Bill Lais TITLE NAME ONDERKO, RICHARD A NAME 224 Stevenage M. STREET ADDRESS STREET ADDRESS 9453 HUNTER'S POND DRIVE Longwood, FL CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 Change TITLE **Delete** Chris Freeman 8707 N. 2674 St. KUTASH, WILLIAM NAME NAME 9453 HUNTER'S POND DRIVE STREET ADDRESS STREET ADDRESS Tampa, FL CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 Addition ☐ Change TITLE Delete TITLE Jackie Braisington ONDERKO, MEREDITH D NAME NAME 224 Stevenage DR STREET ADDRESS 9453 HUNTER'S POND DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Longwood, FL **TAMPA FL 33647** Change Addition TITLE TITLE Delete BAILEY, KIM F NAME NAME 9453 HUNTER'S POND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33647** TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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: