

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90397 002 \*\*\*150.00

**DOCUMENT #** P98-00005-1920 *..R*  
**1. Entity Name**  
*Management Recruiters of Lutz, Inc.*

**Principal Place of Business** *217 Crystal Grove Blvd. Suite 102 Lutz, FL 33548*  
**Mailing Address** *217 Crystal Grove Blvd. Suite 102 Lutz, FL 33548*

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country *U.S.*

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** ☐ **Applied For**  
☐ **Not Applicable**

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

**00066624**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
*Stephen C. Diaco*  
*101 E. Kennedy Blvd.*  
*Suite 2175*  
*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 State**

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

**11. OFFICERS AND DIRECTORS**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>President, Director</i>
STREET ADDRESS	<i>William Rainey, Sr.</i>
CITY-ST-ZIP	<i>217 Crystal Grove Blvd. Ste. 102 Lutz, FL 33548</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Secretary, Treasurer</i>
STREET ADDRESS	<i>Melody E. Rainey</i>
CITY-ST-ZIP	<i>217 Crystal Grove Blvd. Ste. 102 Lutz, FL 33548</i>
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 person 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:** *William Rainey, Sr.* **6/21/00** **813-948-6880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)