

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005816

1. Entity Name

MIDDLE RIVER GROUP, INC.

**FILED**  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90063 032 \*\*\*150.00

Principal Place of Business

Mailing Address

940 NE 20TH AVENUE  
FT LAUDERDALE FL 33304

940 NE 20TH AVENUE  
FT LAUDERDALE FL 33304-3038

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

65-0892610

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

SCHOTTENFELD, DAVID J  
7520 NW 5TH STREET  
#203  
PLANTATION FL 33317

Name

SCOTT H. Shaffer

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

752 SAND CREEK circle

City

WESTON, FL

FL

Zip Code

33327

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

SCOTT H. SHAFER, President 4/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHAFER, SCOTT  
CITY-ST-ZIP 752 SAND CREEK CIRCLE  
WESTON FL 33327

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS David Pyle  
CITY-ST-ZIP 1832 SW 3 AVE  
FT. LAUDERDALE, FL 33315

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 (954) 463-7911