## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P9900006592 Feb 20, 2000 8:00 am **Secretary of State** MGC BRADENTON CORPORATION 02-20-2000 90054 017 \*\*\*150.00 Principal Place of Business Mailing Address 855 E. PINE ST. 855 E. PINE ST. TARPON SPRINGS FL 34689-5902 TARPON SPRINGS FL 34688 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANTONIS, JAMES M Street Address (P.O. Box Number is Not Acceptable) 855 E. PINE ST. TARPON SPRINGS FL 34688 Zip Code FL 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 DATE 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 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE CANTONIS, GEORGE M NAME NAME STREET ADDRESS 855 E. PINE ST. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34688** DP Addition TITLE ☐ Delete Change CANTONIS, MICHAEL G NAME NAME STREET ADDRESS STREET ADDRESS 855 E. PINE ST. CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34688** ☐ Addition Delete TITLE DVT TITLE CANTONIS, JAMES M NAME NAME STREET ADDRESS STREET ADDRESS 855 E. PINE ST. CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34688 Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 3468 ☐ Change ☐ Addition TITLE Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 truster 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 an other like empowered.

Date

Daytime Phone #