

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009796

1. Entity Name

MHE OF NORTHWEST FLORIDA, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90150 040 ***150.00

Principal Place of Business

58 SUNFISH STREET
 DESTIN FL 32541

Mailing Address

58 SUNFISH STREET
 DESTIN FL 32541

2. Principal Place of Business

3695 Scenic Hwy, 98
 Suite, Apt. #, etc.
 # 601

3. Mailing Address

P.O. Box 5523
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Destin FL

City & State

Destin FL

4. FEI Number

59-355 4378

Applied For

Not Applicable

Zip

32541

Country

Zip

32540

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAI, MARK
 58 SUNFISH STREET
 DESTIN FL 32541

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
 NAME MAI, MARK
 STREET ADDRESS 58 SUNFISH STREET
 CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Delete
 NAME HARPER, HAMILTON D JR.
 STREET ADDRESS 510 SHORE DRIVE
 CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Delete
 NAME EFFINGER, MICHAEL R
 STREET ADDRESS 7018 WOODED MEADOW ROAD
 CITY-ST-ZIP LOUISVILLE KY 40241

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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 all other like empowered.

SIGNATURE: PRESIDENT MARK MAI RECHERCH MAI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00 (850)
 650-82410
 Date Daytime Phone #

CR2E034 15/00

attachment
pg 91000009796
A0077061

9/6/00

Ladies & Gentlemen

I never recieved the 1st notice,
and I was told by your office
by phone today to advise you of
this fact. I was instructed to
send in \$150.00 check enclosed.

Thank You
Mark Mai
Mark Mai