

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000020115**

1. Entity Name

**MILE HIGH CLUB, INC.****FILED****Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90141 014 \*\*\*150.00

Principal Place of Business

Mailing Address

**10630 NORTH 56TH STREET #200  
TAMPA FL 33617****10630 NORTH 56TH STREET #200  
TAMPA FL 33617-3612**

2. Principal Place of Business

3. Mailing Address

**601 S. Harbour Island Blvd****601 S. Harbour Island Blvd**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

City &amp; State

**Tampa, Florida**

City &amp; State

**Tampa, Florida**

4. FEI Number

**59-3571833**

Applied For

Not Applicable

Zip

**33602**

Country

**USA**

Zip

**33602**

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HODGES, GEOFFREY T  
400 NORTH TAMPA STREET  
SUITE 2630  
TAMPA FL 33602**

Name

**Geoffrey Todd Hodges**

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

**601 S. Harbour Island Blvd., Ste. 200**

City

**Tampa**

FL

Zip Code

**33602**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete  
NAME **MUSOLINO, FRANK**  
STREET ADDRESS **10630 NORTH 56TH STREET #200**  
CITY-ST-ZIP **TAMPA FL 33617**TITLE **D** ☒ Change ☐ Addition  
NAME **Frank Musolino**  
STREET ADDRESS **601 S. Harbour Island Blvd, Ste 200**  
CITY-ST-ZIP **Tampa, Florida 33602**TITLE ☐ Delete  
NAME  
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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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/00**

Date

**(813) 262-2400**

Daytime Phone #

CR2E034 (9/99)