

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90055 034 ***150.00

DOCUMENT # P99000066877

1. Entity Name

THE MILLENNIUM DEVELOPMENT GROUP, INCORPORATED

Principal Place of Business

Mailing Address

825 SE 47TH TERRACE
 CAPE CORAL FL 33904

825 SE 47TH TERRACE
 CAPE CORAL FL 33904-9086

2. Principal Place of Business

3500 BURNT STORE ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

4. FEI Number

65-0937542

Applied For

Not Applied For

Zip

33993

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHERRILL, PATRICK
825 SE 47TH TERRACE
CAPE CORAL FL 33904

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
 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	D P <input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	PATRICK SHERRILL
STREET ADDRESS	4057 COUNTRY CLUB BLVD
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	D V S <input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	JON DECKROW
STREET ADDRESS	3307 ORIOLE LANE
CITY-ST-ZIP	ROLLING MEADOW IL 60008
TITLE	D V T <input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	WARREN OSBORN
STREET ADDRESS	23 BRINKER ROAD
CITY-ST-ZIP	BARRINGTON HILLS IL 60010
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK SHERRILL

Date

Daytime Phone #

1/24/00 941 540-3478