

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073426

1. Entity Name

THE MILLICH GROUP, INC.

Principal Place of Business

Mailing Address

P.O. BOX 771724
ORLANDO FL 32877-1724

P.O. BOX 771724
ORLANDO FL 32877-1724

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

59 3596094

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENNIGAN, JEROME
2220 HILLCREST STREET
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name Margaret L. Millich
Street Address (P.O. Box Number is Not Acceptable) 10 East Keen Street
City Kissimmee FL Zip Code 34744

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 *Margaret L. Millich* Margaret L. Millich Vice-President
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/26/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MILICH, ROBERT	
STREET ADDRESS	P.O. BOX 771724	
CITY-ST-ZIP	ORLANDO FL 32877-1724	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILICH, ERIC	
STREET ADDRESS	P.O. BOX 771724	
CITY-ST-ZIP	ORLANDO FL 32877-1724	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILICH, MARGARET	
STREET ADDRESS	P.O. BOX 771724	
CITY-ST-ZIP	ORLANDO FL 32877-1724	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Millich, ERIC	
STREET ADDRESS	PO Box 771724	
CITY-ST-ZIP	ORLANDO, FL 32877-1724	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Millich, Margaret	
STREET ADDRESS	P.O. Box 771724	
CITY-ST-ZIP	ORLANDO, FL 32877-1724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Margaret L. Millich 1/26/00 407 870 0553
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Margaret L. Millich, V.P.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90029 007 ***158.75

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DO NOT WRITE IN THIS SPACE