

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V45778

1. Entity Name

MUTUAL CAPITAL MANAGEMENT, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90123 007 ***150.00

701294



DO NOT WRITE IN THIS SPACE

Principal Place of Business
212 W. VIRGINIA AVE.
SUITE 121
PUNTA GORDA FL 33950-4834
US

Mailing Address
212 W. VIRGINIA AVE.
SUITE 121
PUNTA GORDA FL 33950-4869
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0341139** Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENKNER, AL H.
212 W VIRGINIA AVE
PUNTA GORDA FL 33950

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	BENKNER, AL H.	
STREET ADDRESS	26200 ARGENTINA DR	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLY, JOYCE A	
STREET ADDRESS	22392 WESTCHESTER BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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: AL BENKNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/10/2000 Daytime Phone # 941-637-3838

CR2E034 (9/99)