

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702090

1. Entity Name

MCCREA FOUNDATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90016 022 ****61.25

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DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 MR. W. SLOAN MCCREA MR. W. SLOAN MCCREA
 2711 SW 22ND AVE. 2711 SW 22ND AVE.
 MIAMI FL 33133-3101 MIAMI FLA 33133-3101

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 Applied For
 NOT APPLICABLE Not Applicable

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

MCCREA, W SLOAN
 2711 SW 22ND AVE.
 MIAMI FL 33133

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution. ☐

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCREA, W SLOAN 2711 SW 22ND AVE. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREA, DAVID 1990 TIGERTAIL AVE. MIAMI, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREA, JANET G. 1990 TIGERTAIL MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4/28/2000 (307) 856-5048
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)