

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001186

1. Entity Name

MCD REAL ESTATE, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90106 001 ***300.00

Principal Place of Business MCDONALD INVESTMENT CENTER 800 SUPERIOR AVENUE CLEVELAND OH 44114-2603 US	Mailing Address MCDONALD INVESTMENT CENTER 800 SUPERIOR AVENUE CLEVELAND OH 44114-2601 US
---	---



DO NOT WRITE IN THIS SPACE

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 34-1331003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOGOTT, TIMOTHY R
% MARINER CAPITAL MANAGEMENT, INC.
13391 MCGREGOR BLVD., SW
FT. MYERS FL 33907

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 Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REDINGER, JAMES C MCDONALD INVESTMENT CTR 800 SUPERIOR AVE CLEVELAND OH 03 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUNDIFF, RICHARD R III MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE CLEVELAND OH 03 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERR, HENRY V MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE CLEVELAND OH 03 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMIESON, PATRICIA J MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE CLEVELAND OH 03 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLUTTERBUCK, ROBERT T MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE CLEVELAND OH 03 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERS, WILLIAM B JR. MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE CLEVELAND OH 03 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add Cavoli, Mae A. McDonald Investments Inc., 800 Superior Cleveland, OH 44114-2603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add Tehi, Marlene McDonald Investments Inc., 800 Superior Cleveland, OH 44114-2603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *SIGNATURE: [Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

216.443.2673

Date Daytime Phone #