

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90050 002 ***150.00

DOCUMENT # K56862

1. Entity Name

MC INVESTMENT DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

**1100 LINTON BLVD.
 SUITE C-4
 DELRAY BEACH FL 33444
 US**

**1000 MARKET ST
 BLDG 1
 DELRAY BEACH FL 03801
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0228183

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALSH, MICHAEL	
STREET ADDRESS	1100 LINTON BLVD., SUITE C-4	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERGER, ANDREW	
STREET ADDRESS	1100 LINTON BLVD., SUITE C-4	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WALSH, MARK	
STREET ADDRESS	1100 LINTON BLVD., SUITE C-4	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRITCHFIELD, RICHARD	
STREET ADDRESS	1100 LINTON BLVD., SUITE C-4	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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: *Michael Walsh* **Michael Walsh** **03/07/00** **(561) 279-9900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)