

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90488 036 \*\*\*150.00

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # M09473**

1. Entity Name

**MCRYE DEVELOPMENT, INC.**

Principal Place of Business

4109 1ST AVENUE NW  
 NAPLES FL 34119  
 US

Mailing Address

4109 1ST AVE NW  
 NAPLES FL 34119-2634  
 US

**853516**



DO NOT WRITE IN THIS SPACE

2. Principal Piece of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2533187**

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

**MCCAULEY, RAYMOND**  
 4109 1ST AVE N W  
 NAPLES FL ~~34119~~ **34119**

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 use if applicable

(NOTE: Registered agent signature is required when renouncing)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so  
 (See criteria on back)

**FILE DOWN PAY IS \$150.00**  
**FOR MAY 1, 2000 FEE WITH \$450.00**  
**Make Check Payable to the Treasurer of the 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  Delete  
 NAME **PVT**  
**MCCAULEY, RAYMOND**  
 STREET ADDRESS **4109 1ST AVE N W**  
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Change  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)(ii), 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 Ix's empowered.

SIGNATURE: Raymond McCauley **RAYMOND MCCAULEY** 4-26-00 941-455-5505  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #