

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006748

1. Entity Name

MACKINNON FOUNDATION, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90221 022 ****61.25

Principal Place of Business 334 BLANCA AVE TAMPA FL 33606	Mailing Address 334 BLANCA AVE TAMPA FL 33606-3630
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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 59-3493016	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

MACKINNON, ALEX D
 334 BLANCA AVE
 TAMPA FL 33606

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 _____ (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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MACKINNON, ALEX D III	
STREET ADDRESS	334 BLANCA AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACKINNON, ARDIS L	
STREET ADDRESS	334 BLANCA AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKINNON, ALEXANDER D	
STREET ADDRESS	334 BLANCA AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DARCY L	
STREET ADDRESS	23 PARK TERRACE DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, KATHERINE E	
STREET ADDRESS	6301 S WESTSHORE APT 1416	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED **JH** **4-5-00** **813-621-4671**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)