## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 07, 2002 8:00 am DOCUMENT # **N97000006748** Secretary of State 02-07-2002 90136 001 \*\*\*211.25 MACKINNON FOUNDATION. INC. Principal Place of Business Mailing Address 334 BLANCA AVE 334 BLANCA AVE 12385 TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3493016 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MACKINNON, ALEX D 334 BLANCA AVE TAMPA FL 33606 City Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PSTD ☐ Addition ☐ Delete TITLE MACKINNON, ALEX D III NAME NAME 334 BLANCA AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMPA FL 33606 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition MACKINNON, ALEXANDER D NAME NAME 334 BLANCA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP--TAMPA FL-33606 CITY-ST-ZIP\*\* Change ☐ Addition TITLE ☐ Delete TITLE DAVIS, DARCY L NAME NAME 23 PARK TERRACE DR STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP ST AUGUSTINE FL 32084 Change TITLE ☐ Delete TITLE ☐ Addition NAME HILL, KATHERINE E NAME 608 Chatham Drive STREET ADDRESS 6301 S WESTSHORE APT 1416 STREET ADDRESS Lakeland, FL 33803 CITY-ST-7IP **TAMPA FL 33616** CITY-ST-7IP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 Ampowered 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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

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