

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 208253**

1. Entity Name

MCKINNEY-GREEN INC**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90324 015 ***150.00

Principal Place of Business

P O BOX 14484
GAINESVILLE FL 32604-9484

Mailing Address

P O BOX 14484
GAINESVILLE FL 32604-9484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0815408**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

GREEN, ALONZO FRANK
4140 N W 27TH LANE SUITE C (New Suite #)
GAINESVILLE FL 32606-3600

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|---------------------|----------------------|-----------------------------|-------------------------------------|-------|---------------------|----------------------------|-----------------------|-------------------------------------|-------------------------------------|
| SD | GREEN, PAUL MICHAEL | 4140 N W 27TH LANE G | GAINESVILLE, FL 00000 32606 | <input checked="" type="checkbox"/> | SD | JANAKAS, DAX D | 4140 NW 27th Lane, Suite C | Gainesville, FL 32606 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VD | WEIDLER, J PHILLIP | 4140 N W 27TH LANE G | GAINESVILLE, FL 00000 32606 | <input type="checkbox"/> | VD | WEIDLER, J. PHILLIP | 4140 NW 27th Lane, Suite C | Gainesville, FL 32606 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PD | GREEN, ALONZO FRANK | 4140 N W 27TH LANE G | GAINESVILLE, FL 00000 32606 | <input type="checkbox"/> | PD | GREEN, ALONZO FRANK | 4140 NW 27th Lane, Suite C | Gainesville, FL 32606 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Alonzo Frank Green, Pres. 4/16/01 352 372 3617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)