

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/7

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90027 046 \*\*\*150.00

**DOCUMENT # 221782**

1. Entity Name

**MACNEILL GROUP, INC.**

Principal Place of Business

**1300 SAWGRASS CORP. PKWY.  
 STE. 300  
 SUNRISE FL 33323**

Mailing Address

**PO BOX 45-9003  
 SUNRISE FL 33345-9003**

- 47863



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0861097**

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

**ROGAN, THOMAS B.  
 1300 SAWGRASS CORP. PKWY., STE. #300  
 SUNRISE FL 33323**

Name **DOUGLAS W BULLINGTON**

Street Address (P.O. Box Number is Not Acceptable)  
**1300 SAWGRASS CORP PKWY #300**

City **SUNRISE**

**FL**

Zip Code  
**33323**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-29-01**

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 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          | <b>C</b>                                    | <input checked="" type="checkbox"/> Delete                              |
| NAME           | <b>ROGAN, THOMAS B</b>                      |                                                                         |
| STREET ADDRESS | <b>1300 SAWGRASS CORP PKWY., STE. #300</b>  |                                                                         |
| CITY-ST-ZIP    | <b>SUNRISE FL 33-3232</b>                   |                                                                         |
| TITLE          | <b>VP</b>                                   | <input checked="" type="checkbox"/> Delete                              |
| NAME           | <b>TORRES, RONALD A</b>                     |                                                                         |
| STREET ADDRESS | <b>9690 NW 41ST ST</b>                      |                                                                         |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                             |                                                                         |
| TITLE          | <b>P</b>                                    | <input type="checkbox"/> Delete                                         |
| NAME           | <b>BULLINGTON, DOUGLAS</b>                  |                                                                         |
| STREET ADDRESS | <b>1300 SAWGRASS CORP. PKWY., STE. #300</b> |                                                                         |
| CITY-ST-ZIP    | <b>SUNRISE FL 33323</b>                     |                                                                         |
| TITLE          | <b>VP</b>                                   | <input checked="" type="checkbox"/> Delete                              |
| NAME           | <b>GERALD, PAMELA</b>                       |                                                                         |
| STREET ADDRESS | <b>9690 NW 41ST STREET</b>                  |                                                                         |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                             |                                                                         |
| TITLE          | <b>ST</b>                                   | <input checked="" type="checkbox"/> Delete                              |
| NAME           | <b>FRANCO, MARY M</b>                       |                                                                         |
| STREET ADDRESS | <b>485 DERON PARK DRIVE, STE. 115</b>       |                                                                         |
| CITY-ST-ZIP    | <b>WAYNE PA 19087</b>                       |                                                                         |
| TITLE          | <b>V P</b>                                  | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADD |
| NAME           | <b>KEVIN M. TROMER</b>                      |                                                                         |
| STREET ADDRESS | <b>1300 SAWGRASS CORP PKWY #300</b>         |                                                                         |
| CITY-ST-ZIP    | <b>SUNRISE FL 33323</b>                     |                                                                         |

|                |                                     |                                                                              |
|----------------|-------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>V P</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>GLENN J. REIDLER</b>             |                                                                              |
| STREET ADDRESS | <b>1300 SAWGRASS CORP PKWY #300</b> |                                                                              |
| CITY-ST-ZIP    | <b>SUNRISE FL 33323</b>             |                                                                              |
| TITLE          | <b>V P</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>LUIS C. VALDES</b>               |                                                                              |
| STREET ADDRESS | <b>1300 SAWGRASS CORP PKWY #300</b> |                                                                              |
| CITY-ST-ZIP    | <b>SUNRISE FL 33323</b>             |                                                                              |
| TITLE          | <b>VP (delete)</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MAFIA GALEOTTI</b>               |                                                                              |
| STREET ADDRESS | <b>1300 SAWGRASS CORP PKWY #300</b> |                                                                              |
| CITY-ST-ZIP    | <b>SUNRISE FL 33323</b>             |                                                                              |
| TITLE          | <b>S.T.</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>CARIDAD GARCELL</b>              |                                                                              |
| STREET ADDRESS | <b>1300 SAWGRASS CORP PKWY #300</b> |                                                                              |
| CITY-ST-ZIP    | <b>SUNRISE, FL 33323</b>            |                                                                              |
| 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:

*Caridad Garcell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-01**

Date

**954-331-481**

Daytime Phone #

CR2E034 (10/00)