

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 279637

1. Entity Name

MCKINLEY HOMES, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90061 001 \*\*\*150.00

Principal Place of Business 4301 PELICAN POINTE DRIVE PUNTA GORDA FL 33950 US	Mailing Address 4301 PELICAN PTE. DR. PUNTA GORDA FL 33950-7792 US
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2. Principal Place of Business 17261 O'Hara Drive Suite, Apt. #, etc. Port Charlotte, FL City & State	3. Mailing Address 17261 O'Hara Drive Suite, Apt. #, etc. Port Charlotte, FL City & State
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DO NOT WRITE IN THIS SPACE

Zip 33948	Country Charlotte	Zip 33948	Country Charlotte	4. FEI Number 59-1054387	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MCKINLEY, ROBERT 4301 PELICAN PT DR PUNTA GORDA FL 33950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17261 O'Hara Drive City Port Charlotte FL Zip Code 33948
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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 Robert McKinley 3/21/2000  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINLEY, ROBERT 4301 PELICAN PTE DR PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McKinley, Robert 17261 O'Hara Drive Port Charlotte, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKINLEY, DOROTHY 4301 PELICAN PT DR PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTD McKinley, Dorothy 17261 O'Hara Drive Port Charlotte, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Robert McKinley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert McKinley

3/21/2000

Date

Daytime Phone #