

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 428913

1. Entity Name

MACKAY ESTATES, INCORPORATED

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90058 016 ***150.00

Principal Place of Business

Mailing Address

900 SO GLENCRUITEN
P.O. BOX 1028
LAKE ALFRED FL 33850
US

P. O. BOX 11
P.O. BOX 1028
LAKE ALFRED FL 33850-1028
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1469906

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

CLARK, ALICIA L
127 W. FAIRBANKS AVE
SUITE 441
WINTER PARK FL 32789

Name
Alicia L. Sigler

Street Address (P.O. Box Number is Not Acceptable)

2450 Ewell Rd

Lakeland, FL 33811

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

Alicia L. Sigler

Alicia L. Sigler

3-12-00

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, 2000 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
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MACKAY-JAMES, MAXIM
900 S. GLENCRUITEN AVE.
LAKE ALFRED FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
CLARK, ALICIA L
127 W. FAIRBANKS AVE, 441
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
Sigler, Alicia L.
2450 Ewell Rd
Lakeland, FL 33811 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MACKAY-JAMES, SUSANAH
900 S GLENCRUITEN AVE
LAKE ALFRED FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROWSE, BILL
135 5TH STREET NORTHWEST
WITNER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

Susan Mackay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22nd 00 (94) 9561319
Date Daytime Phone #

CR2E034 (9/99)