

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2001 90113 002 \*\*\*150.00

**DOCUMENT # 428913**

1. Entity Name

**MACKAY ESTATES, INCORPORATED**

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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Alfred FL

Zip 33850 County Polk

Zip

Country

4. FEI Number

59-1469906

Applied For

Not Applicable

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

SIGLER, ALICIA L  
2450 EWELL RD  
LAKELAND FL 33811

Name

Alicia L. Sigler

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

2222 Ewell Road

City

Lakeland

FL

Zip Code

33811

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

Signature, typed or printed name of registered agent and title if applicable.

Alicia L. Sigler

(NOTE: Registered Agent signature required when reinstating)

4-27-01

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

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

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS SIGLER, ALICIA L  
CITY-ST-ZIP 2450 EWELL RD  
LAKELAND FL 33811

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2222 Ewell Road  
CITY-ST-ZIP Lakeland, FL 33811

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Susan Mackay President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

863-648-4850

Daytime Phone #

CR2E034 (10/00)