

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 665225

1. Entity Name

MCTIGUE REALTY CO.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90257 024 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 030248  
 FT. LAUDERDALE FL 33303

P.O. BOX 030248  
 FT. LAUDERDALE FL 33303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

TUTHILL, SARAH M  
 1001 EAST LAS OLAS BOULEVARD  
 SUITE 200  
 FORT LAUDERDALE FL 33301

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 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 DC ☐ Delete  
 NAME MCTIGUE, R. EMMETT  
 STREET ADDRESS 1001 E LAS OLAS BLVD#200  
 CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE PS ☐ Delete  
 NAME TUTHILL, SARAH M  
 STREET ADDRESS 1001 E LAS OLAS BOULEVARD #200  
 CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sarah M. Mctigue Tuthill*  
 President MCTIGUE

4/27/01 9544655600

Date

Daytime Phone #

CR2E034 (10/00)