

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837734

1. Entity Name

MCCOY DEVELOPMENT INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90073 038 ***150.00

Principal Place of Business
28000 SPANISH WELLS BLVD
BONITA SPRINGS FL 34135
US

Mailing Address
28000 SPANISH WELLS BLVD
BONITA SPRINGS FL 34135-2850
US

2. Principal Place of Business
P.O. Box 366879
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 366879
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs, FL
Zip
34136
Country
USA

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Bonita Springs, FL
Zip
34136
Country
USA

4. FEI Number 36-2949014
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 _____ (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 | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCARDLE, DAVID A | | NAME | | |
| STREET ADDRESS | 4051 E MAIN ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST CHARLES IL 60174 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLY, THOMAS J | | NAME | | |
| STREET ADDRESS | 1600 E. MAIN ST, STE B | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST CHARLES IL 60174 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANE, MICHAEL | | NAME | Lane, Michael | |
| STREET ADDRESS | 28000 SPANISH WELL BLVD | | STREET ADDRESS | P.O. Box 366879 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | | CITY-ST-ZIP | Bonita Springs, FL 34136 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Thomas J. Kelly Thomas J. Kelly, Secretary, 1/31/00, (941) 992-9476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)