

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13915**

1. Entity Name

MCGREGOR BOULEVARD CENTER, LTD.

FILED

00 JAN 24 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

9450 SOUTHWEST 112TH STREET
MIAMI FL 33176

Mailing Address

9450 SOUTHWEST 112TH STREET
MIAMI FL 33176-3648

2. Principal Place of Business

15051 S. TAMiami TRAIL

Suite, Apt. #, etc.

203

City & State

Ft Myers, FL

Zip

33908

Country

Lee

3. Mailing Address

15051 S. TAMiami TRAIL

Suite, Apt. #, etc.

203

City & State

Ft. Myers, FL

Zip

33908

Country

Lee

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2255726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, STEVEN G.

9450 S.W. 112 STREET

MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

2824 Valencia Way

City

Ft. Myers

FL

Zip Code

33901

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)

1/17/00

9. Capital Contributions
as Shown on record.

\$135,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

LEVINE
STEVEN G
9450 SW 112TH STREET
MIAMI FL

**SPELLING
ERROR**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

2824 Valencia Way
Ft. Myers, FL 33901

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/00 (941) 476-9088

Date

Daytime Phone #