

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001470

1. Entity Name

MCALLEES FAMILY HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 27 PM 1:29

rf

Principal Place of Business

11911 U.S. HIGHWAY ONE, SUITE 102
NORTH PALM BEACH FL 33408

Mailing Address

11911 U.S. HIGHWAY ONE, SUITE 102
NORTH PALM BEACH FL 33408-2872



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0945997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, JEFFREY B

~~450 LAS OLAS BLVD., SUITE 950~~ 6598 NW 97 Drive
~~FT. LAUDERDALE FL 33304~~ Parkland, FL 33076

Name

Jeffrey B. Kahn

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

~~6598 NW 97 Drive~~

City

Parkland

FL

Zip Code

33076

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

6-24-00

9. Capital Contributions.
as Shown on record.

\$100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000069380
NAME MCALLEES INVESTMENT, INC.
STREET ADDRESS 11911 U.S. HIGHWAY ONE, SUITE 102
CITY - ST - ZIP NORTH PALM BEACH FL 33408

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

McAllee **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/00

Date

866.626.5433

Daytime Phone #