

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004914

1. Entity Name

THE MACKINAC GROUPM, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90009 016 ***150.00

Principal Place of Business

Mailing Address

682 MISER COURT
TRAVERSE CITY MI 49684-5764

6361 PRESIDENTIAL CT
FT MYERS FL 33919-3543
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

30500 North Western Hwy
Suite, Apt. #, etc.
309

Suite, Apt. #, etc.

City & State

City & State

Franklin Hills MI

Zip
48334

Country

Zip

Country

4. FEI Number 38-3169142

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

LOCKE, RALPH
6361 PRESIDENTIAL COURT
FORT MYERS FL 33919

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

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

(NOTE: Registered Agent signature required when reinstating)

1/7/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
LOCKE, RALPH
6361 PRESIDENTIAL COURT
FORT MYERS FL 33919 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BLANE, ALTON
6361 PRESIDENTIAL CT
FT MYERS FL 33919 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
KEMPLE, MARK
682 MISER COURT
TRAVERSE CITY MI 49684 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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

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:

Ralph J. Locke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00
Date

941-437-6244
Daytime Phone #

CR2E034 (9/99)