

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H54947

1. Entity Name

Mitchell T. McRae, P.A.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90017 035 ***150.00

Principal Place of Business
6274 Linton Blvd., Suite 100
Delray Beach, FL 33484

Mailing Address
6274 Linton Blvd., Suite 100
Delray Beach, FL 33484

2. Principal Place of Business
6274 Linton Blvd.

Suite, Apt. #, etc.
Suite 100

City & State
Delray Beach, FL

Zip
33484

Country
USA

3. Mailing Address
6274 Linton Blvd.

Suite, Apt. #, etc.
Suite 100

City & State
Delray Beach, FL

Zip
33484

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2690483

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Mitchell T. McRae, P.A.
23003 South State Road 7
Boca Raton, FL 33428

7. Name and Address of New Registered Agent

Name
Mitchell T. McRae, P.A.
Street Address (P.O. Box Number is Not Acceptable)
6274 Linton Blvd., Suite 100
City
Delray Beach, FL Zip Code
33484

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  /Mitchell T. McRae April 17, 2000

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
President & Director
Mitchell T. McRae
6274 Linton Blvd., Suite 100
Delray Beach, FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Vice Pres. & Director
Anna McRae
6274 Linton Blvd., Suite 100
Delray Beach, FL 33484

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

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

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

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)(f), 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:  /Mitchell T. McRae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

561-638-6600

Daytime Phone #

CR2E034 (9/99)