

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

H54947

1. Entity Name

Mitchell T. McRae, P.A.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 25 PM 3:18

Principal Place of Business

Mailing Address

The Addison - Suite 100

6274 Linton Blvd.

Delray Beach, Florida 33484

2. Principal Place of Business

The Addison - Suite 100

3. Mailing Address

The Addison - Suite 100

Suite, Apt. #, etc.

6274 Linton Blvd.

Suite, Apt. #, etc.

6274 Linton Blvd.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

Delray Beach, FL 33484

4. FEI Number

59-2690483

Applied For

Not Applicable

Zip

33484

Country

US

Zip

33484

Country

US

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

Name

Mitchell T. McRae

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

The Addison - Suite 100

6274 Linton Blvd.

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 6/20/2001

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, 2001 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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President and Director

☐ Change ☐ Addition

Mitchell T. McRae

The Addison - Suite 100, 6274 Linton Blvd

Delray Beach, FL 33484

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Vice President and Director

☐ Change ☐ Addition

Anna M. McRae

The Addison - Suite 100, 6274 Linton Blvd.

Delray Beach, FL 33484

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000004445330-2

-06/28/01--01028--003

\*\*\*150.00 \*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

Mitchell T. McRae

6/20/2001

561 638 6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (11/00)