

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J08060

1. Entity Name

MCCALEB REALTY, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90049 047 ***150.00

Principal Place of Business

Mailing Address

9551 BAYMEADOWS RD.
SUITE 4
JACKSONVILLE FL 32256
US

9551 BAYMEADOWS RD
4
JACKSONVILLE FL 32256-7938

2. Principal Place of Business
920 3rd Street

3. Mailing Address
920 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Neptune Beach, FL

Neptune Beach, FL

4. FEI Number 59-2692620

Applied For

Not Applicable

Zip
32266

Country

USA

Zip
32266

Country

USA

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

WALLACE, L. D.
9551 BAYMEADOWS RD.
STE. 4
JACKSONVILLE FL 32256

Name

920 3rd Street

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

Suite B

City

Neptune Beach,

FL

Zip Code

32266

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 DENISE L WALLACE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MCCALEB, SCOTT L.
9551 BAYMEADOWS RD., SUITE 4
JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
920 3rd Street, Suite B
Neptune Beach, FL 32266

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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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 full power like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #