

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90016 032 ***150.00

DOCUMENT # J08060

1. Entity Name

MCCALEB REALTY, INC.

Principal Place of Business

**920 3RD STREET
 STE B
 NEPTUNE BEACH FL 32266
 US**

Mailing Address

**920 3RD STREET
 STE B
 NEPTUNE BEACH FL 32266
 US**

2. Principal Place of Business

155 E. 21st St.

3. Mailing Address

155 E. 21st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, FL

Jacksonville, FL

4. FEI Number **59-2692620**

Applied For

Not Applicable

Zip

32206

Country

USA

Zip

32206

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.
 920 3RD STREET
 STE B
 NEPTUNE BEACH FL 32266**

Name

McCaleb, Scott L.

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

155 E. 21st Street

City

Jacksonville, FL

FL

Zip Code

32206

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

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 ☐ Delete
 NAME **DPST**
 STREET ADDRESS **MCCALEB, SCOTT L.**
 CITY-ST-ZIP **920 3RD STREET**
NEPTUNE BEACH FL 32266

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **155 E. 21st Street**
 CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)