5-0117857		Applied For
		Not Applicable
Desired		.75 Additional Required
of New Registere	d Age	nt
cceptable)		
F	L	Zip Code
tate of Florida.		
DATE		

2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # K55101** 1. Entity Name J. MILLAR AND SONS, INC. 03-21-2000 90089 008 ***150.00 Mailing Address Principal Place of Business 4420 BEACON CIRCLE % FAIRVIEW GOLF COURSE 2419 AVON GENESCO RD SUITE 100 WEST PALM BEACH FL 33407-3281 **AVON NY 14414** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City, & State 4. FEI Number City & State 65 Country Zipi Country 5. Certificate of Statu 6. Name and Address of Current Registered Agent 7. Name and Address DAMON, CONRAD ESQ Street Address (P.O. Box Number is Not 4420 BEACON CIRCLE SUITE 100 WEST PALM BCH FL 33407 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ## FILE: NOW!!! FEE IS \$150.00 # 9. This corporation is eligible to satisfy its Intangible 10. Election C. After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PS Addition Change TITLE ☐ Delete MILLAR, STEWART NAME NAME 18728 BIG CYPRESS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MILLAR, JAMES NAME NAME % FAIRVIEW GOLF COURSE, 2419 AVON GENESCO STREET ADDRESS STREET ADDRESS **AVON NY 14414** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE MACKAIL, RON NAME NAME 636 US HWY ONE, SUITE 118 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME

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

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

Addition