

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K55101

1. Entity Name

J. MILLAR AND SONS, INC.

Principal Place of Business

% FAIRVIEW GOLF COURSE
2419 AVON GENESCO RD
AVON NY 14414

Mailing Address

4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH FL 33407
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DAMON, CONRAD ESQ
4420 BEACON CIRCLE
SUITE 100
WEST PALM BCH FL 33407

7. Name and Address of New Registered Agent

Name

STEWART MILLAR

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

305 QUAILS RUN PASS

City

WINTERHAVEN

FL

Zip Code

33884

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	PS	<input type="checkbox"/> Delete
NAME	MILLAR, STEWART	
STREET ADDRESS	18728 BIG CYPRESS DR	
CITY-STATE-ZIP	JUPITER FL 33458	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLAR, JAMES	
STREET ADDRESS	% FAIRVIEW GOLF COURSE, 2419 AVON GENESCO	
CITY-STATE-ZIP	AVON NY 14414	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MACKAIL, RON	
STREET ADDRESS	636 US HWY ONE, SUITE 118	
CITY-STATE-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Stewart Millar STEWART MILLAR

4/19/01

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90006 043 ***150.00

644508



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0117857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)