

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023655 AF

DOCUMENT # L00000005982

1. Entity Name  
MAC REALTY, LLC

FILED

01 APR -4 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O M. FIEBERT  
2600 SOUTH KANNER HIGHWAY  
STUART FL 34994

Mailing Address  
C/O M. FIEBERT  
2600 SOUTH KANNER HIGHWAY  
STUART FL 34994



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIEBERT, MAC  
2600 SOUTH KANNER HIGHWAY  
STUART FL 34994

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300003996003--1  
-04/13/01--01014--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Owner  
Mac Fiebert  
2600 S. Kanner Hwy  
Stuart Fla 34994  
Delete ☐

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mac Fiebert REQUEST 17:01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

56 288/132  
Date Daytime Phone #

CR2E083 (11/00)