

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90067 001 ***600.00

DOCUMENT # L13581

1. Entity Name

MCLANE PROPERTY HOLDINGS, INC.

Principal Place of Business

% WOODROW P. MCLANE
3990 N ANDREWS AVE
FT LAUDERDALE FL 33309

Mailing Address

% WOODROW P. MCLANE
3990 N ANDREWS AVE
FT LAUDERDALE FL 33309

24877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 SW 75 AVE

3. Mailing Address

1100 SW 75 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PLANTATION, FL

City & State
PLANTATION, FL

4. FEI Number 65-0148663

Applied For

Not Applicable

Zip
33317

Country
USA

Zip
33317

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

MCLANE, WOODROW P.
3990 N ANDREWS AVE
FT LAUDERDALE FL 33309

Name MCLANE, WOODROW P.

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

1100 SW 75 AVE

City PLANTATION

FL

Zip Code 33317

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 W. P. McLane PSD W. P. MCLANE 1/29/01

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 PSD
NAME MCLANE, WOODROW P.
STREET ADDRESS 3990 N ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1100 SW 75 AVE.
CITY-ST-ZIP PLANTATION, FL 33317

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:

W. P. McLane W. P. MCLANE 1/29/01 (954) 792-0359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)