

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L24117

1. Entity Name*

MACON ROADS, INC.

Principal Place of Business

Mailing Address

1213 Melody Ln 1213 Melody Ln
Sebring, FL 33872 Sebring FL 33872-2963
US US

2. Principal Place of Business

2037 1st Ave. N.

3. Mailing Address

P.O. Box 771

Suite, Apt. # etc

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Sebring, FL

4. FEI Number

65-0159940

Applied For

Not Applicable

Zip

33713

Country

US

Zip

33871

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0049120

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

David R. Singha

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

2037 1st Ave. N.

City

St. Petersburg, FL

FL

Zip Code

33713

Clifford, Rhoades P.
227 North Ridgewood Dr.
Sebring fl, 33870

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 David R. Singha

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 6, 2001

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	D	<input checked="" type="checkbox"/> Delete
NAME	Ruckman, Conda E.	
STREET ADDRESS	1213 Melody Lane	
CITY-ST-ZIP	Sebring FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Ruckman, Marjorie G.	
STREET ADDRESS	1213 Melody Lane	
CITY-ST-ZIP	Sebring FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Ruckman, Steven E.	
STREET ADDRESS	1213 Melody Lane	
CITY-ST-ZIP	Sebring FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Ruckman, Ricky J.	
STREET ADDRESS	1213 Melody Lane	
CITY-ST-ZIP	Sebring FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Singha, David R.	
STREET ADDRESS	1213 Melody Lane	
CITY-ST-ZIP	Sebring FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Robert Massam (Pres)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4325 Sun'n Lake Blvd	
STREET ADDRESS	Sebring FL, 33872	
CITY-ST-ZIP		
TITLE	Conda E. Ruckman (SEC.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1213 Melody Lane	
STREET ADDRESS	Sebring FL, 33870	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Massam, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 April 2001

Date

(863)

385-7579

Daytime Phone #

CR2E034 (11/00)