

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001150

1. Entity Name  
MCORT ENTERPRISES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 AM 9:15



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
7 CARRY COURT  
PALM COAST FL 32137

Mailing Address  
7 CARRY COURT  
PALM COAST FL 32137-8147

2. Principal Place of Business  
111 S. 3rd Street  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 480  
Suite, Apt. #, etc.

City & State  
Flagler Beach, FL

City & State  
Flagler Beach, FL

Zip Country  
32136 USA

Zip Country  
32136 USA

4. FEI Number 59-3522283

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHEEHAN, MARGARET  
7 CARRY COURT  
PALM COAST FL 32137

## 7. Name and Address of New Registered Agent

Name  
Sheehan, Thomas P.  
Street Address (P.O. Box Number is Not Acceptable)  
111 S. 3rd Street  
City Flagler Beach FL Zip Code 32136

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 *Thomas P. Sheehan* Thomas P. Sheehan 2-21-00  
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

*2/3/00*

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHEEHAN, MARGARET 7 CARRY COURT PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Sheehan, Margaret 5306 John Anderson Hwy. Flagler Beach, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Sheehan, Thomas P. 5306 John Anderson Hwy. Flagler Beach, FL 32136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas P. Sheehan* Thomas P. Sheehan Mgr. 2-21-00 904-439-3020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)