

2000 UNIFORM BUSINESS REPORT (UBR)

0011491 AF

DOCUMENT # **L99000000263**

1. Entity Name
MCKAY FAMILY L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:56

Principal Place of Business
5760 MIDNIGHT PASS ROAD, APT. 301D
SARASOTA FL 34242

Mailing Address
5760 MIDNIGHT PASS ROAD, APT. 301D
SARASOTA FL 34242-3025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0895122		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

MCKAY, NEVILLE ROY
5760 MIDNIGHT PASS ROAD, APT. 301D
SARASOTA FL 34242

7. Name and Address of New Registered Agent

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	
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State</p>							

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKAY, NEVILLE ROY			NAME			
STREET ADDRESS	5760 MIDNIGHT PASS ROAD, APT 301D			STREET ADDRESS			
CITY- ST- ZIP	SARASOTA FL 34242			CITY- ST- ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKAY, GERTRUDE M			NAME			
STREET ADDRESS	5760 MIDNIGHT PASS ROAD, APT 301D			STREET ADDRESS			
CITY- ST- ZIP	SARASOTA FL 34242			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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: *Neville Roy McKay* **Managing Partner** 3/2/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)