

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L9900000263

1. Entity Name

McKay Family L.L.C.

Principal Place of Business

5760 Midnight Pass Road
Apt. 301D
Sarasota, FL 34242

Mailing Address

Same

2. Principal Place of Business

1001 Beach Road

Suite, Apt. #, etc.

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Same as #2

Zip
34242

Country
USA

Zip

34242

Country

USA

4. FEI Number

65-0895122

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Neville Roy McKay
5760 Midnight Pass Road
Apt. 301D
Sarasota, FL 34242

7. Name and Address of New Registered Agent

Name
Neville Roy McKay

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

1001 Beach Road APT. B103

City
Sarasota

FL

Zip Code
34242

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 *Neville Roy McKay*
Signature, typed or printed name of registered agent and title if applicable.

Neville Roy McKay

4/25/2000

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Neville Roy McKay
5760 Midnight Pass Road, Apt. 301D
Sarasota, FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Gertrude Marjorie McKay
5760 Midnight Pass Road, Apt. 301D
Sarasota, FL 34242 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Neville Roy McKay
1001 Beach Road
Sarasota, FL 34242 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Neville Roy McKay* Neville Roy McKay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)