

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000263

1. Entity Name

MCKAY FAMILY L.L.C.

Principal Place of Business

1001 BEACH ROAD  
EAST TOWER, APT 103  
SARASOTA FL 34242

Mailing Address

1001 BEACH ROAD  
EAST TOWER, APT 103  
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0895122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GERRITSEN, MARY LOUISE  
3850 TORREY PINES WAY  
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

Benjamin R. Schulman

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

4330 Sheridan St., Ste. 202B

City

Hottelwood

FL

Zip Code

33021

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 LSG MCKAY MGR

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

(NOTE: Registered Agent signature required when reinstating)

6/3/02

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MCKAY, NEVILLE ROY  
STREET ADDRESS 1001 BEACH ROAD, APT. B103 EAST TOWER  
CITY-ST-ZIP SARASOTA FL 34242

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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

3/22/2002 513.779.1425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED  
Jun 05, 2002 8:00 am  
Secretary of State

04-02-2002 90981 043 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2ED83 (9/01)