

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90133 039 ***150.00

DOCUMENT # M25841

1. Entity Name

R.J. MCALLISTER & SONS LAWN & LANDSCAPING SERVIC

Principal Place of Business

Mailing Address

501 N.W. 76 TERRACE
 C/O JOHN R. MCALLISTER
 PINE FL 33024

501 N.W. 76 TERRACE
 C/O JOHN MCALLISTER
 PEMBROKE PINES FL 33024-7036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2625186

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCALLISTER, JOHN R
 501 N.W. 76 TERRACE
 PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

MCALLISTER JOHN R

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

5820 BUCHANAN ST

City

Hollywood

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

X John R McAllister

4/11/00

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, 2000 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	DP	<input checked="" type="checkbox"/> Delete
NAME	MCALLISTER, MARYANN	
STREET ADDRESS	5820 BUCHANAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	MCALLISTER, JOHN R.	
STREET ADDRESS	501 N.W. 76TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DSVP	<input checked="" type="checkbox"/> Delete
NAME	MCALLISTER, LOUANN	
STREET ADDRESS	501 N.W. 76 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	5820 BUCHANAN ST	
CITY-ST-ZIP	Hollywood FL 33021	
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: *X John R McAllister*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

Daytime Phone #

CR2E034 (9/99)