

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90271 044 ***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 501 N.W. 76 TERRACE
C/O JOHN R. MCALLISTER C/O JOHN MCALLISTER
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-7036

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
5820 Buchanan St 5820 Buchanan St
City & State City & State
Hollywood FL Hollywood FL
Zip Country Zip Country
33021 Broward 33021 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2625186** Applied For: ☐ Not Applicable
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 *[Signature]* (NOTE: Registered Agent signature required when registering) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCALLISTER, MARYANN		NAME		
STREET ADDRESS	5820 BUCHANAN ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP		
TITLE	DPT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCALLISTER, JOHN R.		NAME		
STREET ADDRESS	501 N.W. 76TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE	DSVP	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCALLISTER, LOUANN		NAME		
STREET ADDRESS	501 N.W. 76 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/99)