

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000029356

1. Entity Name

McMILLAN FAMILY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4357 DAVIDIA DR 4357 DAVIDIA DR
MELBOURNE FL 32934 MELBOURNE FL 32934

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

59-3644060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASARCH, STEVEN J.
2385 EXECUTIVE CENTER DR
SUITE 260
BOCA RATON FL 33431

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	McMILLAN, JOHN N	
STREET ADDRESS	4357 DAVIDIA DR MELBOURNE FL	
CITY-ST-ZIP	32934	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

10/24

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN McMILLAN

9-20-01

Date

326-727-7565

Daytime Phone #

CR03031001

August 31, 2001

Division Of Corporations
~~Uniform Business Report Filings~~
PO Box 1500
Tallahassee, Fl 32302-1500

Dear Sir/Madam:

I did not receive the first or second notice for filing the 2001 UBR for McMillan Family Enterprises, Inc. Please waive the late fee. The downloaded copy is enclosed with a check for \$150.00 .

Thank you for your attention to this matter.

Sincerely,


John McMillan