

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90053 017 \*\*\*158.75

DOCUMENT # P05963

1. Entity Name

MACKENZIE INVESTMENT MANAGEMENT INC.

Principal Place of Business

700 S. FEDERAL HWY.  
SUITE 300  
BOCA RATON FL 33432

Mailing Address

700 S. FEDERAL HWY.  
SUITE 300  
BOCA RATON FL 33432

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2522153

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, type 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	V	<input type="checkbox"/> Delete
NAME	CARLSON, KEITH	
STREET ADDRESS	700 S. FEDERAL HWY #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LANDRY, MICHAEL	
STREET ADDRESS	700 S FEDERAL HWY #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROADFOOT, JAMES	
STREET ADDRESS	700 S. FEDERAL HWY #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STV	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, WILLIAM C	
STREET ADDRESS	700 S. FEDERAL HWY #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TREBBI, BARBARA	
STREET ADDRESS	700 S. FEDERAL HWY #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas H. Bivin	
STREET ADDRESS	700 South Federal Hwy #300	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith J. Carlson	
STREET ADDRESS	700 South Federal Hwy #300	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly J. Yanowitch	
STREET ADDRESS	700 South Federal Hwy #300	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil Lovatt	
STREET ADDRESS	150 Bloor Street W	
CITY-ST-ZIP	Toronto, Ontario CN M5S-3B5	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheridan Reilly	
STREET ADDRESS	700 South Federal Hwy #300	
CITY-ST-ZIP	Boca Raton, FL 33432	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)