

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37373

1. Entity Name

MCM HOSPITALITY, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90065 030 ***150.00

Principal Place of Business

2190 S.E. 17TH STREET, SUITE 308
FT. LAUDERDALE FL 33316

Mailing Address

2190 S.E. 17TH STREET, SUITE 308
FT. LAUDERDALE FL 33316-3121

2. Principal Place of Business

655 HOLLOWES CIRCLE

3. Mailing Address

655 HOLLOWES CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BCH, FL

City & State

DEERFIELD BCH, FL

4. FEI Number

36-3772055

Applied For

Not Applicable

Zip

Country

33442

USA

Zip

Country

33442

USA

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

MCCAFFREY, MICHAEL
2190 S.E. 17TH STREET, SUITE 308
FT. LAUDERDALE FL 33316

→ SAME
→ NEW
ADDRESS

Name

MCCAFFREY, MICHAEL

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

655 HOLLOWES CIRCLE

City

DEERFIELD BCH, FL

Zip Code

33442

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, 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

TITLE PD
NAME MCCAFFREY, MICHAEL
STREET ADDRESS 2190 S.E. 17TH STREET, SUITE 308
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete

TITLE STD
NAME GRIFFIN, TIM
STREET ADDRESS 2190 S.E. 17TH STREET, SUITE 308
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete
DO NOT DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

MICHAEL MCCAFFREY

4/17/00

Date

954 525-3922

Daytime Phone #

CR2E034 (9/99)