

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000064212**1. Entity Name
MCNEIL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7889 SADDLEBROOK DRIVE	P.O. BOX 12936
PORT ST LUCIE FL 34986	FT PIERCE FL 34948

2. Principal Place of Business	3. Mailing Address
1717 N. BAYSHORE DR.	1717 N. BAYSHORE DR.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
2800	2800

City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33132	US	33132	US

4. FEI Number	Applied For
65-0446428	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 AgentSTARKE LEONARDO D.
3340 MCDONALD STREET
SUITE 3600
MIAMI FL 33133**7. Name and Address of New Registered Agent**

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 _____ 02/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VT	<input type="checkbox"/> Delete
NAME	COLLINS PATSY H	
STREET ADDRESS	7889 SADDLEBROOK DR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HAYWOOD ROSE M	
STREET ADDRESS	7889 SADDLEBROOK DR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	PDM	<input type="checkbox"/> Delete
NAME	MCNEIL RYAN D	
STREET ADDRESS	1717 N BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYWOOD ROSE M	
STREET ADDRESS	7889 SADDLEBROOK DR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS REGINALD J	
STREET ADDRESS	12840 W. 110 TERR.	
CITY-ST-ZIP	OVERLAND PARK KS 66210	
TITLE	PDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEIL RYAN D	
STREET ADDRESS	1717 N. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33132	
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: REGINALD J. HARRIS

VD 02/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)