

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088292

1. Entity Name

2801 MACDILL, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-05-2000 90024 032 ***150.00

Principal Place of Business

Mailing Address

WALNUT STREET
SUITE 318
TAMPA FL 33606

C/O JACOB & ROBERTS CO. INC.
1200 W. PLATT ST., #204
TAMPA FL 33606-2143

2. Principal Place of Business

3. Mailing Address

C/O Jacob Real Estate Services, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1200 W. Platt St., #204

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33606-2143

US

4. FEI Number

59-3218446

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

JACOB & ROBERTS CO., INC.
1200 WEST PLATT STREET
#204
TAMPA FL 33606

Name James C. Jacob
Jacob Real Estate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1200 W. Platt St.

Suite 204

City Tampa

FL

Zip Code 33606

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 of Registered Agent or authorized officer and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME EHRMAN, MARK
STREET ADDRESS 20 WALNUT STREET
CITY-ST-ZIP WELLESLEY MA ☐ Delete

TITLE VP
NAME PECK, ELISE
STREET ADDRESS 20 WALNUT STREET
CITY-ST-ZIP WELLESLEY MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

813-252-3200

Daytime Phone #

CR2E034 (9/99)