

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062722

1. Entity Name

MCDONALD DEVELOPMENT ENTERPRISES, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90032 037 ***150.00

Principal Place of Business

Mailing Address

1300 EAGLEBROOKE BLVD
LAKELAND FL 33813
US

P.O. BOX 2218
LAKELAND FL 33806-2218

2. Principal Place of Business

3. Mailing Address

900 Eaglebrooke Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland FL

Zip 33813

Country

FL

Zip

Country

4. FEI Number

59-3264080

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

JACOBS, DALE G
3730 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813

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)

2/3/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MCDONALD, PAUL
STREET ADDRESS 5610 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME LIBERTORE, LARRY J
STREET ADDRESS 900 EAGLEBROOKE BLVD
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME JACOBS, DALE G.
STREET ADDRESS 3730 CLEVELAND HEIGHTS BLVD
CITY-ST-ZIP LAKELAND FL

TITLE
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

DATE

863-648-1877

Daytime Phone #

CR2E034 (9/99)