## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9500001819

THE MACKENZIE GROUP, INC.							Jan 19, 2000 8:00 am Secretary of State 01-19-2000 90146 024 ***150.00					
Principal Place	e of Business		Mailing Address									
60 BAREFOOT BEACH BLVD			280 BAREFOOT BEACH BLVD 19 ROPER RI									
02			BONITA SPRINGS FL 34134-8586 PRINCETON							,		
onita springs fl 34134 S			US 06540				1344000					
. Principal Place of Business			3. Mailing Address									
. тапстратт	lace of Dusiness		19 ROA	ER R	20							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State PRINCETONU				4. FEI Number 65-0556294 Applied For Not Applicable					
Zip	Country		Zip N	Count M E	ry RCER	5.	Certificate of	Status Desire	d 🗌	\$8.75 Add Fee Require		
	- 6. Name and Address of	Current Re	gistered Agent > ~				Name and A	idress of Ne	w Registered	d Agent		ļ
				ļ	Name	ACKEA	121E	1 Roi	ERIC	K L		
MACKENZIE, RODERICK L					Street A	ddress (P.O. 🛭	Box Number is AREF				VD	
260 BEEN BEACH BLVD 202 BAREFOOT					~			-000	7504	<u> </u>	·	1
BONITA SPRINGS FL 33923					City >		202			■ Zin Cod		ł
					City	ONITH	SPR	INGS	F	L   3 47	34	
. The above	named entity submits this stat	ement for th	e purpose of changing	its registere	d office or	registered aç	gent, or both,	in the State of	Florida.		,	
SIGNATURE _	18/11		NAA	Zn_					01/1	00/00		
	Signature, typed or printed name of regis	tered agent and	title if applicable.	NOTE: Registered	Agent signati	ire required when i	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 Sta				10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees					
11.		RS AND DIF		12.	pai unen		DDITIONS/CH	HANGES TO (	DEFICERS AN	ND DIRECTOR	S (N 11	
ITLE	P	ווט טווא טוו.	Delete	TITLE		CHAIR	MAN			Change	☐ Addition	ígo,
IAME	MACKENZIE, RODERICK			NAME		MACKE	NZIE,	RODERI	ac L	1) #202		0) 1
TREET ADDRESS	260 LELY BEACH BLVD,				ET ADDRESS	260 B	ARETO	T BEN	FL	34134		EOS
ITY-ST-ZIP	Bonita Springs FL <u>34</u> VP	134			ST-ZIP	PRESI	A SP	RINGS	<i>)</i> -L	Change	☐ Addition	60
ITLE IAME	MACKENZIE, EILAK		☐ Delete	TITLE	·	NACK	ENZIE.	EILA	K	A1 change	Acciden	ľ
TREET ADDRESS	260 LELY BEACH BLVD,	. 202		STRE	ET ADDRESS	19 RO	ENZIE PER K ETON	20				
STY-ST-ZIP	BONITA SPRINGS FL 34			CITY-	ST-ZIP	PRINC	EDON	N	08 <i>5</i> 4	0		
TLE .	The second secon		□ Deletē	TITLE NAME						Change	☐ Addition	١
IAME Treet address					ET ADDRESS							
ITY-\$T-ZIP				CITY-	ST-ZIP							
ITLE			☐ Delete	TITLE						☐ Change	☐ Addition	
IAME				NAME	ET ADDRÉSS							ļ
TREET ADDRESS					ST-ZIP		· ·					•
ITLE			□ Delete	TITLE						☐ Change	Addition	1
IAME				NAME							_	
TREET ADDRESS					ET ADDRESS							
ity-st-zip					ST-ZIP					F1 01	AJJ:65	ł
ITLE IAME			☐ Delete	TITLE						Change	☐ Addition	
TREET ADDRESS					ET ADDRESS							
ITY-ST-ZIP					ST-ZIP							
13. I hereby of indicated	ertify that the information support this report or supplementa	plied with th I report is tru	is filing does not qualifue and accurate and th	y for the exer at my signat	mption sta ure shall h	ted in Section ave the same	119.07(3)(i), legal effect a	Florida Statut s if made und	es. I further o ler oath; that	ertify that the i I am an officer	nformation or director	

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 cath; that I am an officer or director of the corporation or the receiver or indisee 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.

IGNATURE:

SIGNATURE and TYPED OF PROTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

SIGNATURE: