

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001819

1. Entity Name

THE MACKENZIE GROUP, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90146 024 \*\*\*150.00

Principal Place of Business

260 BAREFOOT BEACH BLVD  
202  
BONITA SPRINGS FL 34134  
US

Mailing Address

~~260 BAREFOOT BEACH BLVD~~ 19 ROPER RD  
~~202~~  
~~BONITA SPRINGS FL 34134~~ PRINCETON  
~~US~~ NJ 08540

UUUU4461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0556294

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

MACKENZIE, RODERICK L  
260 LELY BEACH BLVD  
202  
BONITA SPRINGS FL 33923

BAREFOOT

Name MACKENZIE, RODERICK L

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

260 BAREFOOT BEACH BLVD  
#202

City BONITA SPRINGS FL Zip Code 34134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MACKENZIE, RODERICK L.	
STREET ADDRESS	260 LELY BEACH BLVD, 202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACKENZIE, EILAK	
STREET ADDRESS	260 LELY BEACH BLVD., 202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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		

TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, RODERICK L	
STREET ADDRESS	260 BAREFOOT BEACH BLVD #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, EILAK	
STREET ADDRESS	19 ROPER RD	
CITY-ST-ZIP	PRINCETON NJ 08540	
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:

**NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00  
Date

941 495 9443  
Daytime Phone #

CR2E034 (9/99)