

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90392 027 ***150.00

030439

DOCUMENT # P96000030470

1. Entity Name
MC GEE & STARR, INC.

Principal Place of Business
**7700 WEST CAMINO REAL, SUITE 400
 BOCA RATON FL 33433**

Mailing Address
**7700 WEST CAMINO REAL, SUITE 400
 BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0689453**

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

**SILVESTRI, LEONARD
 7700 WEST CAMINO REAL, SUITE 400
 BOCA RATON FL 33433**

Name **Jeffrey S. McOle**
 Street Address (P.O. Box Number is Not Acceptable)
7700 West Camino Real
 City **Boca Raton** **FL** Zip Code **33026**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

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, 2001 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 **SR** ☒ Delete
 NAME **SILVESTRI, LEONARD SR**
 STREET ADDRESS **7700 W. CAMINO REAL STE 400**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **P** ☐ Delete
 NAME **MC GEE, JEFFREY**
 STREET ADDRESS **7700 W CAMINO REAL PL**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **VP** ☒ Delete
 NAME **SILVESTRI, LEONARD SR**
 STREET ADDRESS **7700 W CAMINO REAL 4TH FL**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **T** ☐ Delete
 NAME **HUDSON, KENNETH**
 STREET ADDRESS **7700 W CAMINO REAL**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **S** ☒ Delete
 NAME **WILLIAMS, JOANNE**
 STREET ADDRESS **7700 W CAMINO REAL**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **V.P. Sean Potts**
 STREET ADDRESS **7700 W. Camino Real**
 CITY-ST-ZIP **Boca Raton FL 33433**

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

Date

Daytime Phone #

4-23-01 561-395-8644

CR2E034 (10/00)