

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089302

1. Entity Name

MAC'S OF FLORAL CITY, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90103 037 ***150.00

Principal Place of Business

Mailing Address

12470 SOUTH FLORIDA AVENUE
FLORAL CITY FL 34436

12470 SOUTH FLORIDA AVENUE
FLORAL CITY FL 34436-4509

2. Principal Place of Business

12740 S. FL AVE
Suite, Apt. #, etc.

3. Mailing Address

12740 S. FL AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FLORAL CITY FL

City & State

FLORAL CITY FL

4. FEI Number

59-3450466

Applied For

Not Applicable

Zip 34436

Country CIRROS

Zip 34436

CIRROS

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDUGALD, ONEAL
12470 SOUTH FLORIDA AVENUE
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

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)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDUGALD, ONEAL	
STREET ADDRESS	12370 SOUTH FLORIDA AVENUE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITMAN, KARRI S	
STREET ADDRESS	13050 S SOUTHPOINT AVE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Oneal MCDUGALD 4-19-00

Date

Daytime Phone #

352 637 6442

CR2E034 (9/99)