

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90004 050 \*\*\*150.00

**DOCUMENT # P97000032608**

1. Entity Name

**MACON COLLYER, P.A.**

Principal Place of Business

Mailing Address

~~1020 RINGLING BLVD~~  
**SARASOTA FL 34236**~~1020 RINGLING BLVD~~  
**SARASOTA FL 34236**

2. Principal Place of Business

**1834 MAIN ST.**

3. Mailing Address

**P.O. BOX 940**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**SARASOTA FL**

City &amp; State

**SARASOTA FL**

Zip

**34236**

Country

**FL**

Zip

**34236**

Country

**FL**

4. FEI Number

**65-0748225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COLLYER, MACON**~~1020 SECOND STREET~~~~SARASOTA FL 34236~~~~SARASOTA FL 34236~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, Not Applicable)

**1834 MAIN ST.**

City

**SARASOTA**

FL

**34236**

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

**MACON COLLYER****MACON COLLYER****1-12-00**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COLLYER, MACON</b>	
STREET ADDRESS	<del>1020 RINGLING BLVD</del>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1834 MAIN ST.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>
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
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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:

**MACON COLLYER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-12-00 941-365-6783**

CR2E034 (9/99)