

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058331

1. Entity Name

MACKAY HOMES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90344 002 ***150.00

Principal Place of Business

2560 REGAL RIVER ROAD
VALRICO FL 33594

Mailing Address

PO BOX 1148
RIVERVIEW FL 33568-1148
US

2. Principal Place of Business

9828 Ocala St.

3. Mailing Address

P.O. Box 1148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview FL

City & State

Riverview FL

4. FEI Number

59-3483076

Applied For

Not Applicable

Zip 33569

Country

U.S.

Zip 33568

Country

U.S.

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

MACKAY, BRIAN K

2560 REGAL RIVER ROAD
VALRICO FL 33594

8224 Rencheria

Name

Mackay, Brian K

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

8224 Rencheria Road

City

Riverview

FL

Zip Code

33569

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

Brian Mackay

Brian Mackay, President

4-26-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MACKEY, BRIAN
2560 REGAL RIVER RD
VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Mackay, Brian
8224 Rencheria Rd
Riverview FL 33569 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MACKEY, JAMES
2510 CULBRECHT COVE COURT
VALRICO FL 33594 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Brian Mackay
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)