

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072580

1. Entity Name

BER-MAC INCORPORATED

Principal Place of Business

4308 N.W. 13TH STREET  
SUITE B  
GAINESVILLE FL 32609

Mailing Address

4729 SE 19 AVE  
GAINESVILLE FL 32641

2. Principal Place of Business

4308 NW 13TH STREET

Suite, Apt. #, etc.

Suite B

City & State

GAINESVILLE, FL

Zip

32609

Country

USA

3. Mailing Address

PO BOX 773

Suite, Apt. #, etc.

City & State

Micanopy, Florida

Zip

32667

Country

USA

6. Name and Address of Current Registered Agent

BERKOWITZ, MICHAEL A  
4729 SE 19 AVE  
GAINESVILLE FL 32641

7. Name and Address of New Registered Agent

Name BERKOWITZ, MICHAEL A.

Street Address (P.O. Box Numbers Not Acceptable)

151 OCALA AVE

City Micanopy

FL

Zip Code 32667

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, 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

TITLE P  
NAME MCDANIEL, SONYA JOY  
STREET ADDRESS 4729 SOUTHEAST 19 AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32641 ☐ Delete

TITLE VPD  
NAME BERKOWITZ, MICHAEL A  
STREET ADDRESS 4729 SOUTHEAST 19 AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32641 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME MCDANIEL, SONYA JOY  
STREET ADDRESS PO. Box 773  
CITY-ST-ZIP Micanopy, FL 32667 ☒ Change ☐ Addition

TITLE VPD  
NAME BERKOWITZ, MICHAEL A  
STREET ADDRESS PO. Box 773  
CITY-ST-ZIP Micanopy, FL 32667 ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90079 002 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)