

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100599

1. Entity Name

NSA MACAIR, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90258 030 \*\*\*150.00

Principal Place of Business

Mailing Address

19455 NW 80TH DRIVE  
OKEECHOBEE FL 34972

19455 NW 80TH DRIVE  
OKEECHOBEE FL 34972

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 **38-6300945**

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORRICK, HARRY**  
**2201 28TH ST.- VILLA 72**  
**OKEECHOBEE FL 34974**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **MCGREGOR, DONALD E**  
STREET ADDRESS **19455 NW 80TH DR.**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ST**  
NAME **MCGREGOR, JEANITA A**  
STREET ADDRESS **19455 NW 80TH DR.**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

**JEANITA A. MCGREGOR**

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

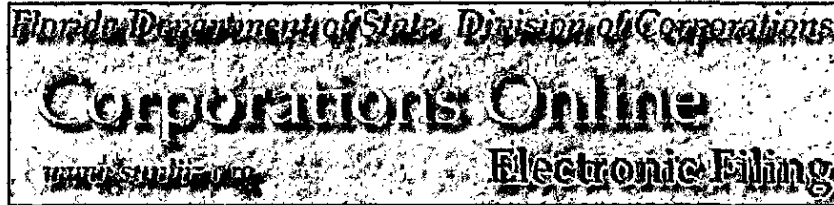
Date

Daytime Phone #

**2/28/00 863-467-5946**

CR2E034 (9/99)

98000100599

Attachment  
00031471

## Sunbiz E-file Account Application

Account Name: NSA MACAIR, INCE-mail Address: NSA MAC @ 51940.NETMailing Address: 19455 N W 80<sup>th</sup> DR.City: DKEECHOBEE State: FL Zip: 34972Phone: (863) 467-5946 Fax: (863) 467-4211Contact Person: JEANITA A. MCGREGORSignature: Jeanita A. McGregorPassword: NSA1234M  
( minimum length - 4 characters, maximum 12 characters )

\*\*\* An account number will be E-mailed to you as soon as the application is processed \*\*\*

### Mailing Address

Division of Corporations  
Public Access Accounts  
P.O. Box 6327  
Tallahassee, FL 32314

### Courier Address

Division of Corporations  
Public Access Accounts  
409 E. Gaines Street  
Tallahassee, FL 32399[Sunbiz Home Page](#)