

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105115

1. Entity Name

MACOR REALTY, INC.

Principal Place of Business

10404 S.W. 24TH AVE.  
GAINESVILLE FL 32607

Mailing Address

10404 S.W. 24TH AVE.  
GAINESVILLE FL 32607-4618

2. Principal Place of Business

3. Mailing Address

P.O. Box 140502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville, FL

Zip

Country

Zip

Country

32614

USA

4. FEI Number

59-3547181

Applied For

Not Applicable

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

MATESZ, MILDRED  
4654 SW 45TH LANE  
GAINESVILLE FL 32608

Name

Gary N. Beuning

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

10404 SW 24th Ave

City

Gainesville

FL

Zip Code

32607

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]*

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 ☒ Delete  
NAME MATESZ, MILDRED  
STREET ADDRESS 4654 SW 45TH LANE  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition  
NAME Gary N. Beuning  
STREET ADDRESS 10404 SW 24th Ave  
CITY-ST-ZIP Gainesville, FL 32607

TITLE S ☒ Change ☐ Addition  
NAME Mildred Matesz  
STREET ADDRESS 4654 SW 45th Lane  
CITY-ST-ZIP Gainesville, FL 32608

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

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

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

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2000

352-331-7161

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
04-17-2000 90044 019 \*\*\*158.75

C0062032



DO NOT WRITE IN THIS SPACE