

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-22-2002 90187 032 ****70.00
07-09-2002 90375 050 ****80.00

2002 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
**P.O. BOX 140502
GAINESVILLE FL 32614**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-3547181**
Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**BEUNING, GARY N
10404 SW 24TH AVE
GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 Delete
P BEUNING, GARY N
STREET ADDRESS **10404 SW 24TH AVE**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE NAME Change Addition

TITLE NAME Delete
S BEUNING, ELISA
STREET ADDRESS **10404 SW 24TH AVE**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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 **7/30/02** Daytime Phone # **352-331-7164**

CR2E034 (9/01)