

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017948

1. Entity Name

MAINSTREET FINANCIAL GROUP, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90009 035 ***550.00

Principal Place of Business

480 GULF SHORE DRIVE #105
 DESTIN FL 32541

Mailing Address

480 GULF SHORE DRIVE #105
 DESTIN FL 32541

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

59-3559426

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

MCGILL, ROBERT E III
 36008 EMERALD COAST PARKWAY STE. 301
 DESTIN FL 32541

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
 NAME ORA, COLEMAN C
 STREET ADDRESS 480, GULF SHORE DR #105
 CITY-ST-ZIP DESTIN, FL 32541

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD
 NAME ORR, CHARLOTTE A
 STREET ADDRESS 480 GULF SHORE DR #105
 CITY-ST-ZIP DESTIN, FL 32541

TITLE
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)