

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90119 041 \*\*\*150.00

**DOCUMENT # P99000056154**

1. Entity Name

**MECCAPRO MANAGEMENT GROUP, P.A.**

Principal Place of Business

**1901 SOUTH HARBOR CITY BLVD STE 600  
 MELBOURNE FL 32901**

Mailing Address

**1901 SOUTH HARBOR CITY BLVD STE 600  
 MELBOURNE FL 32901**

2. Principal Place of Business

**1800 PEMBROOK DRIVE**

3. Mailing Address

**1800 PEMBROOK DRIVE**

Suite, Apt. #, etc.

**SUITE 300**

Suite, Apt. #, etc.

**SUITE 300**

City & State

**ORLANDO FL**

City & State

**ORLANDO, FL**

Zip

**32810**

Country

**USA**

Zip

**32810**

Country

**USA**

4. FEI Number

**59-3595733**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SZACHACZ, KEITH F  
 1901 SOUTH HARBOR CITY BLVD STE 600  
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

**KING, KYLE P.**

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

**1800 PEMBROOK DRIVE, STE 300**

City

**ORLANDO**

FL

Zip Code

**32810**

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.

**PRESIDENT/DIRECTOR**

(NOTE: Registered Agent signature required when reinstating)

**4/5/01**  
 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 ☐ Delete  
 NAME **D KING, KYLE P**  
 STREET ADDRESS **1901 SOUTH HARBOR CITY BLVD STE 600**  
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete  
 NAME **D FUNK, KEPLER B**  
 STREET ADDRESS **1901 SOUTH HARBOR CITY BLVD STE 600**  
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete  
 NAME **D SZACHACZ, KEITH F**  
 STREET ADDRESS **1901 SOUTH HARBOR CITY BLVD STE 600**  
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **D KING, KYLE P**  
 STREET ADDRESS **1800 PEMBROOK DRIVE, SUITE 300**  
 CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☒ Change ☐ Addition  
 NAME **D FUNK, KEPLER B**  
 STREET ADDRESS **1800 PEMBROOK DRIVE, SUITE 300**  
 CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☒ Change ☐ Addition  
 NAME **D SZACHACZ, KEITH F**  
 STREET ADDRESS **1800 PEMBROOK DRIVE, SUITE 300**  
 CITY-ST-ZIP **ORLANDO, FL 32810**

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 my address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/01**  
 Date

**407.667.3644**  
 Daytime Phone #

CR2E034 (10/00)

0076260