

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90031 021 ***150.00

DOCUMENT # P990000069474

1. Entity Name
MCC HOMES, INC.

Principal Place of Business
4557 ELLWOOD DR
DELRAY BEACH FL 33445

Mailing Address
4557 ELLWOOD DR
DELRAY BEACH FL 33445



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-0947580

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

7. Name and Address of New Registered Agent

GREENE, MICHAEL E
9900 W SAMPLE RD
SUITE 324
CORAL SPRINGS FL 33065

Name **Charles Halberg**
 Street Address (P.O. Box Number is Not Acceptable) **4557 Ellwood Dr**
 City **Delray Beach** FL Zip Code **33445**

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 **Charles Halberg PRESIDENT** **2/5/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HALBERG, CHARLES	
STREET ADDRESS	4557 ELLWOOD DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	COLIN, MICHAEL	
STREET ADDRESS	3771 NW 126TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LIN, CRAIG	
STREET ADDRESS	5426 CAMBOURNE PLACE	
CITY-ST-ZIP	WEST BLOOMFIELD MI 48322	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Charles Halberg** **2/5/02** **561-441-2990**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)