

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072423

1. Entity Name

MAVERICK PROPERTIES, INC.

Principal Place of Business

5101 N.W. 21ST AVENUE
SUITE 350
FORT LAUDERDALE FL 33309

Mailing Address

5101 N.W. 21ST AVENUE
SUITE 350
FORT LAUDERDALE FL 33309

2. Principal Place of Business

5373 NOB HILL ROAD

3. Mailing Address

5373 NOB HILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CITY & STATE
SUNRISE, FL 33351

CITY & STATE
SUNRISE, FL 33351

Zip

Country

Zip

Country

4. FEI Number 65-0949528

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLARD, ROSCOE K
5101 N.W. 21ST AVENUE
SUITE 350
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
R. KENNY WILLARD
Street Address (P.O. Box Number is Not Acceptable)
5373 NOB HILL ROAD
City SUNRISE FL Zip Code 33351

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 *R. Kenny Willard*

R. KENNY WILLARD

4/30/01

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, 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 D / PRESIDENT ☐ Delete
NAME WILLARD, ROSCOE K
STREET ADDRESS 5101 N.W. 21ST AVENUE SUITE 350
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE D ☐ Delete
NAME WILLARD, ALAN B
STREET ADDRESS 9660 WEST SAMPLE ROAD SUITE 301
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D / SECRETARY ☐ Delete
NAME WILLARD, DANNY L
STREET ADDRESS 9660 WEST SAMPLE ROAD SUITE 301
CITY-ST-ZIP CORAL SPRINGS FL 33065

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 D / PRESIDENT ☒ Change ☐ Addition
NAME R. KENNY WILLARD
STREET ADDRESS 5373 NOB HILL ROAD
CITY-ST-ZIP SUNRISE, FL 33351

TITLE D / VICE PRESIDENT ☒ Change ☐ Addition
NAME A. BRUCE WILLARD
STREET ADDRESS 5391 NOB HILL ROAD
CITY-ST-ZIP SUNRISE, FL 33351

TITLE D / SECRETARY ☒ Change ☐ Addition
NAME
STREET ADDRESS 5391 NOB HILL ROAD
CITY-ST-ZIP SUNRISE, FL 33351

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: *R. Kenny Willard*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. KENNY WILLARD, PRESIDENT 4/30/01 954/677-0818

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90192 035 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)