

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100813

1. Entity Name

MC & G Holding Company of FLORIDA INC

APPROVED
AND
FILED

79142

00 OCT -2 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1710 NW 10 ST

1710 NW 10 ST

OCALA FL 34475

OCALA FL 34475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Coccoli, Louis S.

1710 NW 10TH ST

OCALA FL 34475

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 \$150.00

After MAY 1, 2000 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
STREET ADDRESS
ST-ZIP
President
Louis S. Coccoli
1249 SE 19TH ST
OCALA FL 34471

TITLE
NAME
STREET ADDRESS
ST-ZIP
VP
Timothy A. Gay
12790 SE 47TH AV
OCALA Belleview FL 34420

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003417487--3
-10/06/00--01115--012
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Louis S. Coccoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-622-7755

Date

Daytime Phone #

CR2E034 (9/99)

PG. 2 of 2 -



* Do Not Detach *
Lym

Ms. Mellyan

I very sorry for the delay
in filing this form. I never
did receive the first one. I
was in a major car accident.
and have been in and out of
the hospital. Please consider
this my one time exemption

Thank you

Louis Carrales