

2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

APPROVED
AND
FILED

DOCUMENT # **V03927**
1. Entity Name **MACDONALD CONSTRUCTION COMPANY OF PALM BEACH**

00 AUG -2 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address **SAME**
7000 W. PALMETTO PARK RD #502
BOCA RATON, FL 33433

2. Principal Place of Business 3. Mailing Address
7000 W. PALMETTO PARK RD. 7000 W. PALMETTO PARK RD.
Suite, Apt. #, etc. Suite, Apt. #, etc. **#502**
#502
City & State City & State
BOCA RATON, FL **BOCA RATON, FL**
Zip Zip Country Country
33433 **USA** **33433** **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0309484** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT W. MACDONALD
1168 SW 18TH ST.
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

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  **SCOTT W. MACDONALD PRESIDENT** **7-30-2000**
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT W. MACDONALD	
STREET ADDRESS	1168 SW 18TH ST.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL C. CAPPELLETTI	
STREET ADDRESS	7000 W. PALMETTO PARK RD.	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **SCOTT W. MACDONALD** **7-30-2000** **(561) 367-0350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)