

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79341

1. Entity Name

MACPHEE PROPERTIES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90139 013 ***150.00

Principal Place of Business PO BOX 5147 CLEARWATER FL 33758		Mailing Address PO BOX 5147 CLEARWATER FL 33758-5147	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3013652** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

LECHNER, BERNARD J
2115 RANGE RD
CLEARWATER FL 33765

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

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	DP	<input type="checkbox"/> Delete
NAME	MACPHEE, RONALD A	
STREET ADDRESS	1270 GULF BLVD. #2002	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MACPHEE, RONALD A	
STREET ADDRESS	1270 GULF BLVD. #2002	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V-P	<input type="checkbox"/> Delete
NAME	Lechner, Bernard J.	
STREET ADDRESS	2515 Range Road	
CITY-ST-ZIP	Clearwater, FL 33765	
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	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lechner, Bernard J.	
STREET ADDRESS	2515 Range Road	
CITY-ST-ZIP	Clearwater, FL 33765	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard J. Lechner
Vice Pres

Date

Daytime Phone #

461-
1-28-00 (727) 3662