

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90307 037 ***150.00

DOCUMENT # 176676

1. Entity Name
 Mc CREE, INC.

Principal Place of Business: 500 E. PRINCETON ST. ORLANDO, FL 32803-1449
 Mailing Address: P.O. BOX 7369 ORLANDO, FL 32854

80061863

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business NO CHANGE		3. Mailing Address NO CHANGE		4. FEI Number 59-0708313		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent McCREE, RICHARD T 500 EAST PRINCETON STREET ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name: NO CHANGE Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:			
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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's signature required when reinstating) DATE:

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCREE, RICHARD T			NAME			
STREET ADDRESS	500 E. PRINCETON ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUSLEY, PAUL C. JR.			NAME			
STREET ADDRESS	500 E. PRINCETON ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTSON, JOE O.			NAME			
STREET ADDRESS	500 E. PRINCETON ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFIN, THOMAS F.			NAME			
STREET ADDRESS	500 E. PRINCETON ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCREE, RICHARD J			NAME			
STREET ADDRESS	500 EAST PRINCETON ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____ Date: 4-23-01 Daytime Phone #: 407-898-4821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)