

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90632 001 ***793.75

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DOCUMENT # 176676

1. Entity Name
MCCREE, INC.



Principal Place of Business
**500 E. PRINCETON ST.
P.O. BOX 7369
ORLANDO FL 32803-1449**

Mailing Address
**500 E. PRINCETON ST.
P.O. BOX 7369
ORLANDO FL 32803-1449**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0708313**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCREE, RICHARD T
500 EAST PRINCETON ST
ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	MCCREE, RICHARD T	
STREET ADDRESS	500 E. PRINCETON ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROBERTSON, JOE O.	
STREET ADDRESS	500 E. PRINCETON ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIN, THOMAS F.	
STREET ADDRESS	500 E. PRINCETON STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCREE, RICHARD J	
STREET ADDRESS	500 EAST PRINCETON STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)