

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 284947

1. Entity Name

MARMAC CONCORD, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90059 014 \*\*\*150.00

Principal Place of Business

1010 W. COLONIAL DRIVE  
P.O. BOX 3269  
ORLANDO FL 32802

Mailing Address

1010 W. COLONIAL DRIVE  
P.O. BOX 3269  
ORLANDO FLA 32802-3269

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1088344

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required -

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNAMARA-VILLARROEL, MARY ANN  
65 INTERLAKEN ROAD  
ORLANDO FL 32804

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 P  
NAME MCNAMARA-VILLARROEL, MAR  
STREET ADDRESS 65 INTERLAKEN RD  
CITY-ST-ZIP ORLANDO, FL 00000 ☐ Delete

TITLE ST  
NAME MCINVALE, WILLIE K. JR.  
STREET ADDRESS 1400 ARTHUR STREET  
CITY-ST-ZIP ORLANDO, FL 00000 ☒ Delete

TITLE V  
NAME MCNAMARA, HAL B.  
STREET ADDRESS 1023 GOLFVIEW STREET  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE V  
NAME MCNAMARA-MCGEE, MARGARET R.  
STREET ADDRESS 2023 COMPANERO AVENUE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE HADD, DENNIS L.  
NAME 848 SWEETWATER ISLAND CIRCLE  
STREET ADDRESS LONGWOOD, FL ☒ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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]* U.P. 3-27-00 (407) 849-0610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)