

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90209 030 ***150.00

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DOCUMENT # 386202

1. Entity Name
MAC PAPER CONVERTERS, INC.



Principal Place of Business
**3300 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207
US**

Mailing Address
**POST OFFICE BOX 5369
JACKSONVILLE FL 32247-5369
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1375158**

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

**MCGEEHEE, T.R.
3300 PHILLIPS HWY
JACKSONVILLE FL 32207**

Name **David S. Mc Gehee**
Street Address (P.O. Box Number is Not Acceptable)
3300 Phillips Highway

City **Jacksonville** FL Zip Code **32207**

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 *David S. Mc Gehee*
Signature, typed or printed name of registered agent and title if applicable.

David S. Mc Gehee
President

4/22/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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 **CCEO** ☒ Delete
NAME **MCGEEHEE, T R**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 0 32207**

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

TITLE **VD** ☐ Delete
NAME **MCGEEHEE, SUTTON**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 0 32207**

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

TITLE **CD** ☐ Delete
NAME **MCGEEHEE, F S**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 0 32207**

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

TITLE **TAS** ☐ Delete
NAME **ROGERS, JONATHAN Y**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JAX FL 32207**

TITLE **TAS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MCGEEHEE, DAVID S.**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 0 32207**

TITLE ☒ Change ☐ Addition
NAME **David S. Mc Gehee**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SDV** ☐ Delete
NAME **MCGEEHEE, THOMAS R JR**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SDV** ☒ Change ☐ 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 the empowered.

SIGNATURE: *David S. Mc Gehee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Mc Gehee
President
904-348-3300
Date **4/22/03** Daytime Phone #

CR2E034 (10/02)

ATTACHMENT
90103970
Doc #386202
MAC PAPER CONVERTERS, INC.

UNIFORM BUSINESS REPORT

ADDITIONAL OFFICERS AND DIRECTORS:

TITLE: CFO, VP
NAME: JOHN W. BRENT
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: ANN M. RILEY
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: SENIOR VP
NAME: GERALD L. SHANE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: DEBORAH D. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: VP
NAME: DARNELL M. BABBIT
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: KATHRYN N. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: DELIA H. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: S. SCOTT RILEY
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: ANN W. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: TERRI R. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: DELIA H. McGEHEE, II
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207