

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003977

1. Entity Name

MCGRAND & ASSOCIATES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90122 001 ***150.00
04-19-2000 90122 002 *****8.75

Principal Place of Business

Mailing Address

~~0990 SPRINGBROOK DRIVE~~

~~STE. 230~~

~~MINNEAPOLIS MN 55433~~

~~US~~

~~8990 SPRINGBROOK DRIVE~~

~~STE. 230~~

~~MINNEAPOLIS MN 55434-3900~~

~~US~~

2. Principal Place of Business

3. Mailing Address

12301 Central Avenue NE 12301 Central Avenue NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Blaine MN

City & State

Blaine MN

4. FEI Number

41-1299249

Applied For

Not Applicable

Zip

55434

Country

US

Zip

55434

Country

US

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PD
NAME MCGRAND, JEFFREY
STREET ADDRESS 478 MYRTLEWOOD
CITY-ST-ZIP CALIMESA CA 92320 ☐ Delete

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

TITLE D
NAME MCGRAND-SVOBODA, JILL
STREET ADDRESS 4453 LAFAYETTE LANE
CITY-ST-ZIP SPRING PARK MN ☐ Delete

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

TITLE TD
NAME ENERSON, CURTIS
STREET ADDRESS 701 82ND AVE. N.
CITY-ST-ZIP BROOKLYN PARK MN 55444 ☐ Delete

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

TITLE D
NAME MCGRAND, LUVERN
STREET ADDRESS 6110 SUNSET DRIVE
CITY-ST-ZIP MOUND MN 55364 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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)(l), 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:

Curtis Enerson Curtis Enerson 4-5-00 763-755-2199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)