

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90077 003 \*\*\*150.00

**DOCUMENT # P33505**

1. Entity Name

**MCHENRY CONDOLIDATED HOLDINGS, INC.**

Principal Place of Business

Mailing Address

1215 PARK LAKE STREET  
 ORLANDO FL 32803  
 US

1215 PARK LAKE STREET  
 ORLANDO FL 32803-4101  
 US

2. Principal Place of Business

*3225 Fairway Lane*

3. Mailing Address

*3225 Fairway Lane*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orlando FL*

City & State

*Orlando FL*

4. FEI Number

**59-3056636**

Applied For

Not Applicable

Zip

*32804*

Country

Zip

*32804*

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCHENRY, BRUCE W.**  
**1215 PARK LAKE ST.**  
**ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name *Bruce W. McHenry*  
 Street Address (P.O. Box Number is Not Acceptable) *3225 Fairway Lane*  
 City *Orlando* **FL** Zip Code *32804*

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

*Bruce W. McHenry*

*Bruce W. McHenry*

*4/22/00*

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	MALONEY, BRUCE W	1215 PARK LAKE ST	ORLANDO FL 32803	<input type="checkbox"/>
VSD	MCHENRY, PATRICK S.	1215 PARK LAKE ST	ORLANDO FL 32803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	McHenry, Bruce W	3225 Fairway Lane	Orlando, FL 32804	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VSD	McHenry, Patrick S.	3225 Fairway Lane	Orlando, FL 32804	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Bruce W. McHenry*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/00*  
 Date

*407-423-0201*  
 Daytime Phone #

CR2E034 (9/99)