

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90023 038 \*\*\*150.00

**DOCUMENT # P99000034757**

1. Entity Name  
**MACCONNELL AND ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**5200 CENTRAL AVE.  
 ST.PETERSBURG FL 33707**

**P.O. BOX 14409  
 ST.PETERSBURG FL 33733-4409**

**AV063434**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7201 Sunset Way 7201 Sunset Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Pete Beach, FL.**

City & State

**St. Pete Beach, FL.**

4. FEI Number

**59-3567452**

Applied For

Not Applicable

Zip **33706**

Country **U.S.A.**

Zip **33706**

Country **USA**

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

**GRAHAM, PETER D ESQ.  
 5200 CENTRAL AVE.  
 ST.PETERSBURG FL 33707**

Name **Joseph T. MacConnell**

Street Address (P.O. Box Number is Not Acceptable)  
**7201 Sunset Way**

City **St. Pete Beach, FL** Zip Code **33706**

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 **Joseph T. MacConnell / Joseph T. MacConnell - President of Corp.** DATE **5-1-00**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRAHAM, PETER D ESQ.</b>	
STREET ADDRESS	<b>5200 CENTRAL AVE.</b>	
CITY-ST-ZIP	<b>ST.PETERSBURG FL 33707</b>	
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"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/D/</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joseph T. MacConnell</b>	
STREET ADDRESS	<b>7201 sunset way</b>	
CITY-ST-ZIP	<b>St. Pete Beach, FL 33706</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joanne M. MacConnell</b>	
STREET ADDRESS	<b>7201 sunset way</b>	
CITY-ST-ZIP	<b>St. Pete Beach, FL. 33706</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Joseph T. MacConnell / Joseph T. MacConnell / 5-1-00 / 727-360-0120**

CR2E034 (9/99)