

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 601621****1. Entity Name****MCLIN, BURNSSED, MORRISON, JOHNSON, NEWMAN & ROY,****Principal Place of Business****1000 WEST MAIN STREET
LEESBURG FL 34748-4925****Mailing Address****1000 WEST MAIN STREET
LEESBURG FL 34748-4925****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1275664

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MCLIN III, WALTER S
1000 W MAIN ST
LEESBURG FL 34748****7. Name and Address of New Registered Agent**

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, 2001 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** VPD ☐ Delete
NAME JOHNSON, STEPHEN W.
STREET ADDRESS 1000 W MAIN ST.
CITY-ST-ZIP LEESBURG FL**TITLE** SD ☐ Delete
NAME MORRISON, FRED A
STREET ADDRESS 1000 W MAIN ST
CITY-ST-ZIP LEESBURG, FL 00000**TITLE** P ☐ Delete
NAME BURNSSED, R DEWEY
STREET ADDRESS 1000 W MAIN ST
CITY-ST-ZIP LEESBURG, FL 00000**TITLE** VP ☐ Delete
NAME NEWMAN, RICHARD P.
STREET ADDRESS 1000 WEST MAIN STREET
CITY-ST-ZIP LEESBURG FL**TITLE** VPTD ☐ Delete
NAME ROY, STEVEN M.
STREET ADDRESS 1000 MAIN ST
CITY-ST-ZIP LEESBURG FL**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90037 005 ***150.00

00016796

DO NOT WRITE IN THIS SPACE

0559355

CR2E034 (10/00)