

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000109081

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** OLD PROVIDENCE OF FLORIDA CORPORATION

**Current Principal Place of Business:**

2127 BRICKELL AVE  
APT. 1902  
MIAMI, FL 33129

**New Principal Place of Business:**

C/O J.R. MCLEAN  
NINE ISLAND AVENUE, STE 401  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O J.R. MCLEAN  
NINE ISLAND AVENUE, STE 401  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 65-1088808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCLEAN, JAMES R PD  
NINE ISLAND AVENUE  
SUITE 401  
MIAMI BEACH, FL 33139

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCLEAN, JAMES R  
Address: NINE ISLAND AVENUE, STE 401  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete  
Name: HAGEN, STEVEN H  
Address: 701 BRICKELL AVE., STE. 3000  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCLEAN, JAMES R  
Address: NINE ISLAND AVENUE, STE 401  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R MCLEAN

PD

04/30/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date