

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

009090

DOCUMENT # 127648

1. Entity Name

B.B. MCCORMICK & SONS INC.

00 FEB 21 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

430 1ST AVENUE SOUTH
JACKSONVILLE BCH FL 32250
US

Mailing Address

444 THIRD ST.
SUITE 3
NEPTUNE BEACH FL 32266-5111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

318 San Juan Dr
Suite, Apt. #, etc.
Ponte Vedra Bch

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL

City & State

4. FEI Number

59-0351360

Applied For

Not Applicable

Zip

32082

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLICKSTEIN, JOSEPH M. JR.
444 THIRD STREET
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name: Suzanne M Taylor
Street Address (P.O. Box Number is Not Acceptable): 318 San Juan Dr
Ponte Vedra Beach
City: FL Zip Code: 32082

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both.

SIGNATURE: Suzanne M. Taylor
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8000002148568-3
-02/25/00--01106--024
****150 00****150 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MCCORMICK TAYLOR, SUZANNE	430 1ST AVE S	JACKSONVILLE BCH FL 32250	<input type="checkbox"/>
D	MCCORMICK, J. HADEN	430 1ST AVE S	JACKSONVILLE BCH FL	<input type="checkbox"/>
VD	MCCORMICK, REID T.	430 1ST AVE S	JACKSONVILLE BCH FL	<input type="checkbox"/>
STD	MCCORMICK, WADE T	430 1ST AVE S	JACKSONVILLE BCH FL	<input type="checkbox"/>
AS	WAINER, DAVID S. JR.	430 1ST AVE S	JACKSONVILLE BCH FL	<input checked="" type="checkbox"/>
D	MCCORMICK, JEAN H.	430 1ST AVENUE SOUTH	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MCCormick Taylor, Suzanne	318 San Juan Dr	Ponte Vedra Bch FL 32082	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		318 San Juan Dr	Ponte Vedra Bch FL 32082	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		318 San Juan Dr	Ponte Vedra Bch FL 32082	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Patricia McCormick Wainer	318 San Juan Dr	Ponte Vedra Bch FL 32082	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		318 San Juan Drive	Ponte Vedra Bch FL	<input type="checkbox"/>	<input checked="" 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: Janet H. McCormick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000

Date

Daytime Phone #

904-280-8000

CR2E034 (9/99)