

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90287 001 ***150.00

DOCUMENT # 147664

1. Entity Name

BAXTER AND MCDONALD INCORPORATED

Principal Place of Business

119 N. COLLINS ST.
PLANT CITY FL 33566

Mailing Address

119 N. COLLINS ST.
PLANT CITY FL 33566
**6444 Villa D'Este Ct
Wesley Chapel, FL 33543**

2. Principal Place of Business

3. Mailing Address

6444 Villa D'Este Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wesley Chapel, FL 33543

Zip

Country

Zip

Country

33543

USA

4. FEI Number **59-0551880**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ERICKSON, GEORGE W
412 MADISON ST.
TAMPA FL 33601**

7. Name and Address of New Registered Agent

Name **Allison W. Baxter**

Street Address (P.O. Box Number is Not Acceptable)
5444 Villa D'Este Ct

City **Wesley Chapel**

FL

Zip Code
33543

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

Allison W. Baxter

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	P	<input type="checkbox"/> Delete
NAME	BAXTER, T B	
STREET ADDRESS	2609 SUNSET DR	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAXTER, JAMES B SR	
STREET ADDRESS	11B SADDLEBROOK WAY	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BAXTER, JAMES B JR	
STREET ADDRESS	6849 HARTLAND ST.	
CITY-ST-ZIP	FT. MYERS FL 33912	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. A. Satter
Date **4/19/01** (213) 973-1737

CR2E034 (10/00)