

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 186904

1. Entity Name

J.W. MCDANIEL SR., INC.

Principal Place of Business

Mailing Address

HC 61 BOX 61
CLEWISTON FL 33440

HC 61 BOX 61
CLEWISTON FL 33440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDANIEL, ROBERT E, SR
HC61 BOX 60
CLEWISTON FL 33440

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	D	<input type="checkbox"/> Delete
NAME	MCDANIEL, JOHN L	
STREET ADDRESS	HC 61 BOX 61	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDANIEL, ROBERT E, SR	
STREET ADDRESS	HC 61 BOX 61	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDANIEL, JAMES J	
STREET ADDRESS	HC 61 BOX 61	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDANIEL, JOSEPH DAVID	
STREET ADDRESS	HC 61 BOX 61	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDANIEL, MARY	
STREET ADDRESS	HC 61 BOX 61	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDANIEL, ROBERT E, JR	
STREET ADDRESS	HC 61 BOX 61	
CITY-ST-ZIP	CLEWISTON FL	

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: Robert E. McDaniel Jr. Robert E. MCDANIEL JR. 863-983-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90026 032 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1923298**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CR2E034 (10/00)

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