

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90075 014 ***150.00

DOCUMENT # 262215

1. Entity Name

MCDONALD INSURANCE AGENCY INC

Principal Place of Business

Mailing Address

260 AVENUE A. S.W.
 P. O. BOX 940
 WINTER HAVEN FL 33880

260 AVENUE A. S.W.
 P. O. BOX 940
 WINTER HAVEN FL 33880-2928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0979525**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACQUELYN S. STAACK
260 AVENUE A., S.W.
WINTER HAVEN FL 33880

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	STAACK, J S	
STREET ADDRESS	CO AVE A SW BOX 9444	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	LITTLEJOHN, C. W	
STREET ADDRESS	235 HERNANDO DR.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAACK, J S	
STREET ADDRESS	C/O 260 AVE ASW BX9444	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jacquelyn S. Staack*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jacquelyn S. Staack, Pres.

Date: **4/6/00** Daytime Phone #: **863-293-2131**



DO NOT WRITE IN THIS SPACE