

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90319 020 ***150.00

DOCUMENT # 316394

1. Entity Name
THE MCGEHEE CORPORATION



Principal Place of Business
**6442 LILY DHU LN
FALLS CHURCH VA 22044
US**

Mailing Address
**17 FORE DR
NEW SMYRNA BEACH FL 32168
US**

2. Principal Place of Business
27 E. Interlacken Dr.
Suite, Apt. #, etc.

3. Mailing Address
27 E. Interlacken Dr.
Suite, Apt. #, etc.

City & State
Phoenix, AZ

City & State
Phoenix, AZ

4. FEI Number
59-1559959

Applied For
☐ Not Applicable

Zip
85022
Country
USA

Zip
85022
Country
USA

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

6. Name and Address of Current Registered Agent

**MCGEHEE, J B
17 FORE DR
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name
Raymond A. Phelan, CPA
Street Address (P.O. Box Number is Not Acceptable)
623 N. Grandview Avenue
City
Daytona Beach FL 32118

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Raymond A. Phelan*
Signature, typed or printed name of registered agent and title if applicable.

Jan 18, 2003
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COWEN, ELIZABETH M
7899 E COUNTRY CLUB BLVD
BOCA RATON FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGEHEE, JOHN N
23119 MINERALE AV
PORT CHARLOTTE FL 33954** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MCGEHEE, J B
17 FORE DR
NEW SMYRNA BEACH FL 32168** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GATES, MILDRED
6442 LILY DHU LANE
FALLS CHURCH VA 22044** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Cates, Mildred
27 E. Interlacken Dr.
Phoenix, AZ 85022** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SMITH, RUSSELL
315 N CAUSEWAY #D306
NEW SMYRNA BEACH FL 32169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X SIGNATURE OF MILDRED CATES* **Jan 18, 2003** **602-993-4946**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)