

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 493195

1. Entity Name

MCCLENDON, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90113 032 ***150.00

Principal Place of Business

Mailing Address

528 N. CROOKED LAKE DRIVE
P.O. BOX 5
BABSON PARK FL 33827

528 N. CROOKED LAKE DRIVE
P.O. BOX 5
BABSON PARK FL 33827-0005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1671247

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

MCCLENDON, JAMES C.
528 N. CROOKED LAKE DRIVE
BABSON PARK FL 33827

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 PD
NAME MCCLENDON, JAMES C
STREET ADDRESS 528 N CROOKED LAKE DR
CITY-ST-ZIP BABSON PARK, FL 00000 ☐ Delete

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

TITLE STD
NAME MCCLENDON, JOYCE M
STREET ADDRESS 528 N CROOKED LAKE DR
CITY-ST-ZIP BABSON PARK, FL 00000 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

James C. McClendon
JAMES C. MCCLENDON

Date

Daytime Phone #

2/28/00 863/638-1196

CR2E034 (9/99)