

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90104 006 ***150.00

DOCUMENT # 598073

1. Entity Name

MCBEE, INC.

938095



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
SOUTH INDIAN RIVER DRIVE 1801 SOUTH INDIAN RIVER DRIVE
PIERCE FL 34950 FORT PIERCE FL 34950-5430

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1881173

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MCBEE, BERNARD W. JR.
1801 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL MH 34950

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	VSD	<input type="checkbox"/> Delete
NAME	MCBEE, BERNARD W. JR.	
STREET ADDRESS	1801 S. INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBEE, DARRELL L.	
STREET ADDRESS	3202 WM BREWSTER DR	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBEE, F. L.	
STREET ADDRESS	46 44 CT	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBEE, GENE W.	
STREET ADDRESS	608 CENTRAL AVE	
CITY-ST-ZIP	MARTINSBURG WV	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MCBEE, BERNARD W	
STREET ADDRESS	3046 OLEANDER AVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
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: *Bernard W. McBee, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

361 595-6070

CR2E034 (9/99)