## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED DOCUMENT # 637203** Jan 19, 2000 8:00 am DAVE MCCARTHY REALTY, INC. **Secretary of State** 01-19-2000 90223 033 \*\*\*150.00 Principal Place of Business Mailing Address 1513 S COLLINS ST 1513 S COLLINS ST PLANT CITY FL 33566 PLANT CITY FL 33566 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1942811 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name MCCARTHY, DAVID O Street Address (P.O. Box Number is Not Acceptable) 1513 COLLINS ST. PLANT CITY FL 33566 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. STD TITLE ☐ Change ☐ Addition ☐ Delete TITLE MANEE, CAROLYN H NAME NAME STREET ADDRESS STREET ADDRESS 1513 S. COLLINS ST CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL ☐ Addition ☐ Change TITLE Delete MCCARTHY, DAVID O NAME STREET ADDRESS 1513 S. COLLINS ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLANT\_CITY\_FL ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 is 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

01-07-00

Daytime Phone #