

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90022 024 ***150.00

DOCUMENT # 658809

1. Entity Name
THE MCLAMORE COMPAY

Principal Place of Business
4601 WEST KENNEDY BLVD.
SUITE 305
TAMPA FL 33609

Mailing Address
4601 WEST KENNEDY BLVD.
SUITE 305
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2855074

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)

5133 W. SAN JOSE ST

City TAMPA

FL

Zip Code 33629-6414

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, 2001 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 DP
NAME MCLAMORE, S WHITMAN
STREET ADDRESS 4601 W. KENNEDY BVD #305
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE ~~DP~~, T, S
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition

TITLE DT
NAME MCLAMORE, LAUREN
STREET ADDRESS 4601 W KENNEDY BLVD #305
CITY-ST-ZIP TAMPA FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

S. WHITMAN MCLAMORE PRESIDENT 4-2-01 813-287-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)