

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **687878**

1. Entity Name
MC GEEHAN & SONS, INC.

Principal Place of Business

**5426 SPRING HILL DRIVE
SPRING HILL FL 34606**

Mailing Address

**5426 SPRING HILL DRIVE
SPRING HILL FL 34606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2352666**

Applied For

Not Applicable

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

**MC GEEHAN, MARGARET M.
5426 SPRING HILL DRIVE
SPRING HILL FL 34606**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME **PD**
STREET ADDRESS **MC GEEHAN, CONNELL H**
CITY-ST-ZIP **497 SAVOY CT.
SPRING HILL, FL 0** ☐ Delete

TITLE
NAME **5426 Spring Hill Dr** ☒ Change ☐ Addition
STREET ADDRESS **Spring Hill FL 34606**
CITY-ST-ZIP

TITLE
NAME **D**
STREET ADDRESS **MC GEEHAN, KEVIN S**
CITY-ST-ZIP **5426 SPRING HILL DRIVE
SPRING HILL, FL 0** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **zip 34606** ☒ Change ☐ Addition

TITLE
NAME **D**
STREET ADDRESS **MC GEEHAN, HUGH C**
CITY-ST-ZIP **497 SAVOY CT.
SPRING HILL, FL 0** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **zip 34606** ☒ Change ☐ Addition

TITLE
NAME **D**
STREET ADDRESS **HENGESBACH, ALAN**
CITY-ST-ZIP **3081 WATERFALL
SPRING HILL, FL 0** ☒ Delete

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

TITLE
NAME **STD**
STREET ADDRESS **MC GEEHAN, MARGARET M**
CITY-ST-ZIP **497 SAVOY CT.
SPRING HILL, FL 0** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **zip 34606** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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: **Margaret M. McGeehan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-01 352-686-1234

Date

Daytime Phone #

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90007 019 ***550.00

00074282



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)