

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694217

1. Entity Name

MCCARTHY-BAYLOR, INC.

Principal Place of Business

Mailing Address

C/O JOHN M. MCCARTHY
113 PONCE DE LEON CIRCLE
PONCE INLET FL 32127

C/O JOHN M. MCCARTHY
113 PONCE DE LEON CIRCLE
PONCE INLET FL 32127-7205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCCARTHY, JOHN M.
113 PONCE DE LEON CIRCLE
PONCE INLET FL 32127

4. FEI Number

59-2106427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, DOUGLAS	
STREET ADDRESS	45 CAPISTRANO	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAYLOR, A W	
STREET ADDRESS	P.O. BOX 846 N/A	
CITY-ST-ZIP	ORMOND BEACH FL 32174-0846	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCARTHY, JOHN M	
STREET ADDRESS	113 PONCE DE LEON CIRCLE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, DOUGLAS H	
STREET ADDRESS	HC 85 4122 GUILT EDGE RT	
CITY-ST-ZIP	LEWISTON MT 59457	
TITLE		<input type="checkbox"/> Delete
NAME	McCarthy, Maria	
STREET ADDRESS	201 Orange Grove Dr. Apt. 1	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME	Robert A. Pralle, Jr.	
STREET ADDRESS	327 Grover Creek	
CITY-ST-ZIP	Ormond Beach, FL 32174	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90007 026 ***150.00

600474



DO NOT WRITE IN THIS SPACE

1/6/00 904.760.6320