

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90343 043 ****61.25

DOCUMENT # 742506

1. Entity Name

MCDONALD'S GULF COAST ADVERTISING, INC.

Principal Place of Business

Mailing Address

1530 S ALA AVE
 MONROEVILLE AL 36460

1530 S ALA AVE
 MONROEVILLE AL 36460-3050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1808036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNOR, JOHN L.
 4830 LA JOLLA
 PENSACOLA FL 32504

Name

SAME AS IN #6

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

100 N. Spring Street

City

PENSACOLA

FL

Zip Code

32501

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VTD** Delete
 NAME **RICE, JOHN**
 STREET ADDRESS **1530 S ALA AVE**
 CITY-ST-ZIP **MONROEVILLE AL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **JIM BARNES**
 STREET ADDRESS **2204 GOVT. ST**
 CITY-ST-ZIP **MOBILE AL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **O'CONNER, SUSAN**
 STREET ADDRESS **4830 LA JOLLA**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE Change Addition
 NAME
 STREET ADDRESS *100 N. Spring Street*
 CITY-ST-ZIP *PENSACOLA FL 32501*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John L. Rice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000
 Date

334-743-2917
 Daytime Phone #

CR2E037 (9/99)