

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742506

1. Entity Name

MCDONALD'S GULF COAST ADVERTISING, INC.

FILED

Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90069 017 ****61.25

Principal Place of Business

Mailing Address

1530 S ALA AVE
MONROEVILLE AL 36460

1530 S ALA AVE
MONROEVILLE AL 36460

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNOR, JOHN L.
100 N SPRING STREET
PENSACOLA FL 32501

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

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

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 21P 36460

TITLE PD
NAME O'CONNER, SUSAN
STREET ADDRESS 100 N SPRING STREET
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

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

TITLE VD
NAME SELLS, TIM
STREET ADDRESS 3900 GRELOT RD
CITY-ST-ZIP MOBILE AL 36609 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-02

251-743-2917

CR2E037 (9/01)