


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90133 034 ****61.25

DOCUMENT # 742506

1. Entity Name
MCDONALD'S GULF COAST ADVERTISING, INC.



Principal Place of Business Mailing Address
1530 S. ALA AVE **1530 S ALA AVE**
MONROEVILLE AL 36460 **MONROEVILLE AL 36460**

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 **59-1808036** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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:~~ **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> Delete
NAME	RICE, JOHN	
STREET ADDRESS	1530 S ALA AVE	
CITY-ST-ZIP	MONROEVILLE AL 36460	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'CONNER, SUSAN	
STREET ADDRESS	100 N SPRING STREET	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SELLS, TIM	
STREET ADDRESS	3900 GRELOT RD	
CITY-ST-ZIP	MOBILE AL 36609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Orwig	
STREET ADDRESS	707 Gilchrist Road	
CITY-ST-ZIP	Grove Hill, AL 36451	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ebrahim Maghsoud	
STREET ADDRESS	30892 Jay Drive	
CITY-ST-ZIP	Spanish Fort, AL 36527	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 E. RICE* **JOHN E. RICE** 3-15-03 551-742-7817

CR2E037 (10/02)