

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804317

1. Entity Name

MCCRORY HOLDING COMPANY

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

01-18-2000 90190 016 ***150.00

Principal Place of Business

Mailing Address

200 E ROBINSON ST
STE 1250
ORLANDO FL 32801
US

200 E ROBINSON ST
STE 1250
ORLANDO FL 32801-2040
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

605 E Robinson St

605 E Robinson St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

620

St 620

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32801

USA

32801

USA

4. FEI Number 59-0595330

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

MAGUIRE, RAYMER F. J
200 E ROBINSON ST
STE 1250
ORLANDO FL 32801

Name

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

605 E. Robinson St

St 620

City

Orlando

FL

Zip Code
32801

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVPT	<input type="checkbox"/> Delete
NAME	MAGUIRE, RAYMER F. JR.	
STREET ADDRESS	200 E ROBINSON ST STE 1250	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCGILL, GEORGE W. JR.	
STREET ADDRESS	200 E ROBINSON ST STE 1250	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCCRORY, M JANE	
STREET ADDRESS	2243 FURMA ST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRORY, BARBARA	
STREET ADDRESS	124 DRYDEN LANE	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, HORACE L. I	
STREET ADDRESS	215 E. MAXWELL ST	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	605 E. Robinson St JR.	
CITY-ST-ZIP	Orlando FL 32801 St 620	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	605 E. Robinson St JR.	
CITY-ST-ZIP	Orlando FL 32801 St 620	
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		

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

Date

Daytime Phone #

1/10/00

CR2E034 (9/99)