

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804317

1. Entity Name

MCCRORY HOLDING COMPANY

Principal Place of Business

605 E ROBINSON ST
620
ORLANDO FL 32801
US

Mailing Address

605 E ROBINSON ST
620
ORLANDO FL 32801
US

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 59-0595330

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
605 E ROBINSON ST
STE 620
ORLANDO FL 32801

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, 2001 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 ☐ Delete
NAME MAGUIRE, RAYMER F JR
STREET ADDRESS 605 E ROBINSON STE 620
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE DP ☐ Delete
NAME MCGILL, GEORGE W JR
STREET ADDRESS 605 E ROBINSON ST STE 620
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE DS ☐ Delete
NAME MCCRORY, M. JANE
STREET ADDRESS 2243 FURMA ST
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE D ☒ Delete
NAME MCCRORY, BARBARA
STREET ADDRESS 124 DRYDEN LANE
CITY-ST-ZIP CHARLOTTESVILLE VA 22901

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

TITLE D ☐ Delete
NAME JACOBS, HORACE L. I
STREET ADDRESS 215 E. MAXWELL ST
CITY-ST-ZIP LAKE LAND FL 33803

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

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:

Raymer F. J. Maguire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

(407) 872-6829

Daytime Phone #

CR2E034 (10/00)

UBR1311

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90161 018 ***150.00



DO NOT WRITE IN THIS SPACE