

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90066 010 ***158.75

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, 2002 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 **DS** ☒ Change ☐ Addition
NAME **REBECCA M. HENDERSON**
STREET ADDRESS **3554 WHITE OAK COURT**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **DVPT** ☒ Delete
NAME **JACOBS, HORACE L**
STREET ADDRESS **215 E. MAXWELL ST**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☒ Change ☐ Addition
NAME **GEORGE W. MCGILL, III**
STREET ADDRESS **3104 MILL TRACE LANE**
CITY-ST-ZIP **SANDY HOOK, VA 23153**

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

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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)