

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90132 045 ***550.00

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1. Entity Name

TERRY MCGANN & ASSOCIATES, INC.



Principal Place of Business

**651 TAFT ST. N.E.
MINNEAPOLIS MN 55413**

Mailing Address

**651 TAFT ST. N.E.
MINNEAPOLIS MN 55413**

2. Principal Place of Business

4651 SW 51st Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

812

City & State

Ft. Lauderdale

City & State

Zip

33314

Country

Dade

Zip

Country

4. FEI Number **41-1415904**

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

**SMITH, GREGG
4651 SW 51ST ST., STE. 812
FT LAUDERDALE FL 33314**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCGANN, TERRENCE
2631 E. LAKE OF THE ISLES PARKWAY
MINNEAPOLIS MN 55408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCGANN, BRIAN
4752 VINCENT AVE. SOUTH
MINNEAPOLIS MN 55410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCGANN, TIMOTHY
2200 NORTHPOINT ST., #104
SAN FRANCISCO CA 94123** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2858 James Ave S.
Minneapolis, MN 55408** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4752 Vincent Ave So.
Minneapolis, MN 55410** ☒ Change ☐ Addition

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

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

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

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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03 612-331-2020
Date Daytime Phone #

CR2E034 (4/03)