## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER

## **FILED** DOCUMENT # F06491 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** W.P. MCDEVITT & ASSOCIATES, INC. 01-19-2000 90143 016 \*\*\*150.00 Principal Place of Business Mailing Address 252 SUDBURY DRIVE 252 SUDBURY DRIVE ATLANTIS FL 33462-1126 ATLANTIS FL 33462 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied Far City & State City & State 4. FEI Number 59-2044298 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCDEVITT MCDEVITT, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) 414 W LANTANA ROAD SUBBURY LANTANA FL 33462 Zip Code 33462 ATLANTIS its registered office or registered agent, or both, in the State of Florida. the purpose of changing 8. The above named entity submits this SIGNATURE ! (NOTE: Registered Agent signature required when reinstating) tered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE MCDEVITT, WILLIAM P NAME 252 SUDBURY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIS FL Change ☐ Addition DVST TITLE ☐ Delete TITLE MCDEVITT, ANNE M NAME NAME 252 SUDBURY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIS FL ☐ Addition TITLE TITLE □ Delete McDEAVITT , DAVID P.-SR MCDEAVITT, DAVID P. SR. NAME NAME 414 W. LANTANA RO 485 S COUNTRY CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 ATLANTIS FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

561-346-7667