

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90019 036 \*\*\*150.00

**DOCUMENT # F06491**

1. Entity Name

W.P. MCDEVITT & ASSOCIATES, INC.

Principal Place of Business

252 SUDBURY DRIVE  
ATLANTIS FL 33462

Mailing Address

252 SUDBURY DRIVE  
ATLANTIS FL 33462

604465

2. Principal Place of Business

610 PORTSIDE LANE

3. Mailing Address

610 PORTSIDE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EDGEWATER FL

City & State

EDGEWATER FL

4. FEI Number

59-2044298

Applied For

Not Applicable

Zip

32141

Country

USA

Zip

32141

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDEVITT, WILLIAM P  
252 SUDBURY DR  
ATLANTIS FL 33462

7. Name and Address of New Registered Agent

Name

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

610 PORTSIDE LANE

City

EDGEWATER

FL

Zip Code

32141

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 not 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCDEVITT, WILLIAM P	
STREET ADDRESS	252 SUDBURY DR	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	MCDEVITT, ANNE M	
STREET ADDRESS	252 SUDBURY DR	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDEVITT, DAVID P. SR.	
STREET ADDRESS	414 W. LANTANA RD	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	610 PORTSIDE LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	610 PORTSIDE LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 3858	
CITY-ST-ZIP	LANTANA FL 33465	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-01

Date

904-427-4604

Daytime Phone #

0318261

CR2E034 (10/00)