

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90017 018 ***150.00

DOCUMENT # F95000004404

1. Entity Name

HENRY MACLIN ASSOCIATES, INC.

Principal Place of Business

**200 GULF SHORE DRIVE
DESTIN FL 32541**

Mailing Address

**200 GULF SHORE DRIVE
DESTIN FL 32541**

2. Principal Place of Business

662 Highway 98E

3. Mailing Address

**Suite Apt. #, etc.
750**

City & State

DESTIN, FL 32541

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1217497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACLIN, HENRY W JR.
200 GULF SHORE DR.
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **HENRY W. MACLIN JR**
Street Address (P.O. Box Number is Not Acceptable)
662 Highway 98E
150
City **DESTIN, FL** Zip Code **32541**

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

TITLE **PSD** ☐ Delete
NAME **MACLIN, HENRY W JR.**
STREET ADDRESS **200 GULF SHORE DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **VP** ☐ Delete
NAME **MACLIN, HENRY W III**
STREET ADDRESS **147 INDIAN BAYOU DR.**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)