

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003924

1. Entity Name

MCNAMARA CONSULTING, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90033 015 \*\*\*150.00

Principal Place of Business

749 STOCKDALE ROAD  
VADRAIS HEIGHTS MN 55127

Mailing Address

749 STOCKDALE ROAD  
VADRAIS HEIGHTS MN 34119-4624

2. Principal Place of Business

296 Monterey Drive  
Suite, Apt. #, etc.

3. Mailing Address

296 Monterey Drive  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

Naples FL

4. FEI Number

41-1880321

Applied For

Not Applicable

Zip

34119

Country

USA

Zip

34119

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, LISA A  
296 MONTEREY DRIVE  
NAPLES FL 34119

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.

SIGNATURE

*Jim O. McNamee*  
Signature, typed or printed name of registered agent and title if applicable.

*Lisa A. McNamee*  
(NOTE: Registered Agent signature required when reinstating)

*1/28/2000*  
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, 2000 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 CP  
NAME MCNAMARA, SCOTT D  
STREET ADDRESS 296 MONTEREY DRIVE  
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE STV  
NAME MCNAMARA, LISA A  
STREET ADDRESS 296 MONTEREY DRIVE  
CITY-ST-ZIP NAPLES FL 34119 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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:

*Lisa A. McNamee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/28/2000 941-353-5035*