

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90096 032 \*\*\*150.00

**DOCUMENT # G20743**

1. Entity Name

**MCCAMMACK GROVES, INC.**

Principal Place of Business

Mailing Address

% REX MCCAMMACK  
 1280 DIANA PLACE  
 CLERMONT FL 34711

% REX MCCAMMACK  
 1280 DIANA PLACE  
 CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

% SANDRA L. McCammack

% SANDRA L. McCammack

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 794

P.O. Box 794

City & State

City & State

WINTER PARK, FL

WINTER PARK, FL

Zip

Country

Zip

Country

32790

32790

4. FEI Number 59-2259720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCAMMACK, REX  
 1280 DIANA PLACE  
 CLERMONT FL 34711

Name SANDRA L. McCammack

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

2105 HOWARD BRANCH RD.

P.O. Box 794

City WINTER PARK, FL

FL

Zip Code

32790

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

SANDRA L. McCammack *Sandra L. McCammack* 04/18/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCAMMACK, REX	
STREET ADDRESS	1280 DIANNA PLACE	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RABUN, DIANA L.	
STREET ADDRESS	702 OLD BUSH MILL RD	
CITY-ST-ZIP	BREMEN GA 30110	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAMMACK, JOHN O.	
STREET ADDRESS	507 PURDUE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAMMACK, SANDRA L.	
STREET ADDRESS	1280 DIANNA PLACE	
CITY-ST-ZIP	CLERMONT FL 34711	
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"/> 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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 794	
STREET ADDRESS	WINTER PARK, FL	
CITY-ST-ZIP	32790	
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:

*Sandra L. McCammack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/01

Date

Daytime Phone #

CR2E034 (10/00)