

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36239

1. Entity Name

M. PETE MCNABB, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90009 025 \*\*\*158.75

Principal Place of Business

Mailing Address

2201 CANTU COURT, SUITE 110  
 SARASOTA FL 34232

2201 CANTU COURT, SUITE 110  
 SARASOTA FL 34232-6254

2. Principal Place of Business

8415 TOWN CENTER PARKWAY

3. Mailing Address

8415 TOWN CENTER PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

59-2735509

Applied For

Not Applicable

Zip

34202

Country

U.S.A.

Zip

34202

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNABB, M. PETE  
 2201 CANTU COURT, SUITE 110  
 SARASOTA FL 34232

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

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, 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          | PD                     | <input type="checkbox"/> Delete            |
| NAME           | MCNABB, M. PETE        |  |
| STREET ADDRESS | 2201 CANTU COURT #110  |  |
| CITY-ST-ZIP    | SARASOTA FL            |  |
| TITLE          | V                      | <input type="checkbox"/> Delete            |
| NAME           | GASTON, STEPHEN L      |  |
| STREET ADDRESS | 6341 SAMOA DR          |  |
| CITY-ST-ZIP    | SARASOTA FL            |  |
| TITLE          | V                      | <input type="checkbox"/> Delete            |
| NAME           | NELSON, DEREK J        |  |
| STREET ADDRESS | 2201 CANTU COURT, #110 |  |
| CITY-ST-ZIP    | SARASOTA FL            |  |
| TITLE          | V                      | <input checked="" type="checkbox"/> Delete |
| NAME           | SNYDER, DAVID M        |  |
| STREET ADDRESS | 13215 SR 70            |  |
| CITY-ST-ZIP    | BRADENTON FL           |  |
| TITLE          | VS                     | <input type="checkbox"/> Delete            |
| NAME           | JAMES, JANE A          |  |
| STREET ADDRESS | 2201 CANTU CORT, #110  |  |
| CITY-ST-ZIP    | SARASOTA FL            |  |
| TITLE          | V                      | <input checked="" type="checkbox"/> Delete |
| NAME           | LINDAUER, LAUREL L     |  |
| STREET ADDRESS | 2201 CANTU CT #110     |  |
| CITY-ST-ZIP    | SARASOTA FL 34232      |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MCNABB, M. PETE          |  |
| STREET ADDRESS | 8415 TOWN CENTER PARKWAY |  |
| CITY-ST-ZIP    | BRADENTON, FL 34202      |  |
| TITLE          | V                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GASTON, STEPHEN L.       |  |
| STREET ADDRESS | 8415 TOWN CENTER PARKWAY |  |
| CITY-ST-ZIP    | BRADENTON, FL 34202      |  |
| TITLE          | V                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | NELSON, DEREK J.         |  |
| STREET ADDRESS | 8415 TOWN CENTER PARKWAY |  |
| CITY-ST-ZIP    | BRADENTON, FL 34202      |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          | VS                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JAMES, JANE A.           |  |
| STREET ADDRESS | 8415 TOWN CENTER PARKWAY |  |
| CITY-ST-ZIP    | BRADENTON, FL 34202      |  |
| TITLE          | V                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LIGHTFOOT, BRENDA F.     |  |
| STREET ADDRESS | 8415 TOWN CENTER PARKWAY |  |
| CITY-ST-ZIP    | BRADENTON, FL 34202      |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Brenda Lightfoot*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENDA LIGHTFOOT 3-27-00 941-907-6771

Date

Daytime Phone #

CR2E034 (9/99)