

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90019 004 ***150.00

DOCUMENT # J39709

1. Entity Name
MCBRIDE & WARD, INC.

Principal Place of Business Mailing Address
800 FIFTH AVENUE S #200 **800 FIFTH AVENUE S #**
NAPLES FL 34102 **NAPLES FL 34102-6661**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2733534** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WARD, JANICE M.
800 FIFTH AVENUE S #200
NAPLES FL 34102

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	DPAT	<input type="checkbox"/> Delete
NAME	WARD, WILLIAM J.	
STREET ADDRESS	800 FIFTH AVENUE S #200	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	WARD, JANICE M.	
STREET ADDRESS	800 FIFTH AVENUE S #200	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DCT	<input type="checkbox"/> Delete
NAME	MCBRIDE, CLYDE	
STREET ADDRESS	1333 OCEAN AVE.	
CITY-ST-ZIP	MANTOLOKING NJ	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	MCBRIDE, LORRAINE	
STREET ADDRESS	1333 OCEAN AVE.	
CITY-ST-ZIP	MANTOLOKING NJ	
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 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 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: *Janice M. McBride Ward* Date: 2.9.2000 Daytime Phone #: 263-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)