

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State
 03-28-2000 90049 046 ***150.00

DOCUMENT # K92800

1. Entity Name

MCCLARY, INC.

Principal Place of Business

% CAROL B. HAIGHT, P.A.
 370 WEST CAMINO GARDENS BLVD., #300
 BOCA RATON FL 33432

Mailing Address

% CAROL B. HAIGHT, P.A.
 370 WEST CAMINO GARDENS BLVD., #300
 BOCA RATON FL 33432-5817

See Address change Below

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 **65-0126565**

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

HAIGHT, CAROL B
370 WEST CAMINO GARDENS BLVD
SUITE 300
BOCA RATON FL 33432

Name **McClary, W. Scott**

Street Address (P.O. Box Number is Not Acceptable)
700 Casa Loma Blvd.

Boynton Beach

City **FL** Zip Code **33435**

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

Carol B. Haight
 Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPX	<input type="checkbox"/> Delete
NAME	MCCLARY, W. SCOTT	
STREET ADDRESS	50 PELICAN POINTE DR 205	700 Casa Loma Blvd
CITY-ST-ZIP	DELRAY BEACH FL	Boynton Beach, FL 33435
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCLARY, LYNN S	700 Casa Loma Blvd
STREET ADDRESS	50 PELICAN POINTE #205	Boynton Beach, FL
CITY-ST-ZIP	DELRAY BEACH FL	33435
TITLE	DVP	<input type="checkbox"/> Delete
NAME	Stewart, David W.	
STREET ADDRESS	700 Casa Loma Blvd.	
CITY-ST-ZIP	Boynton Beach, FL	33435
TITLE	T	<input type="checkbox"/> Delete
NAME	Tracey C. Stewart	
STREET ADDRESS	700 Casa Loma Blvd.	
CITY-ST-ZIP	Boynton Beach, FL	33435
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Business Relating Address	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 Casa Loma Blvd	
STREET ADDRESS	Boynton Beach, FL	33435
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David W. Stewart, Vice President
3/21/00

CR2E034 (9/99)