

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94562

1. Entity Name

MCKEEVER & ASSOCIATES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90055 023 ***150.00

614878



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O EDWARD E. MCKEEVER, JR.
1400 W FAIRBANKS AVE SUITE 203
WINTER PARK FL 32789

Mailing Address
C/O EDWARD E. MCKEEVER, JR.
1400 W FAIRBANKS AVE SUITE 203
WINTER PARK FL 32789-4880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2959074**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MCKEEVER, EDWARD E. JR.
1400 W. FAIRBANKS AVENUE
WINTER PARK FL 32789

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 _____

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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MCKEEVER, EDWARD E. JR.		STREET ADDRESS		
CITY-ST-ZIP	1400 W. FAIRBANKS AVENUE., SUITE 203		CITY-ST-ZIP		
	WINTER PARK FL				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: E. E. McKeever Jr. 2/9/00 407-645-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)