

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L37561**1. Entity Name  
MCFARLANE'S APPLIANCE CENTER, INC.

## Principal Place of Business

4610 LAND O'LAKES BLVD

LAND O'LAKES

34639

FL

US

## Mailing Address

21642 OCEAN PINES DR

LAND O LAKES

34639

FL

## 2. Principal Place of Business

4610 LAND O'LAKES BLVD.

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

## City &amp; State

LAND O'LAKES

FL

## City &amp; State

Zip

34639

Country

US

Zip

Country

## 4. FEI Number

59-2980628

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

HILL, JOY M.  
RUSCH PLAZA  
SUITE 112 N DALE MABRY  
LUTZ  
33549

FL

## 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)

02/28/2001

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	RAUSCH JEFFREY S.	
STREET ADDRESS	18525 FONTEVERDE DR	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAFARLANE, THOMAS E.	
STREET ADDRESS	21642 OCEAN PINES DR,	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCFARLANE, DIANNE E.	
STREET ADDRESS	21642 OCEAN PINES DR.	
CITY-ST-ZIP	LAND O LAKES FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUSCH JEFFREY S.	
STREET ADDRESS	18525 MONTEVERDE DR	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAFARLANE, THOMAS E.	
STREET ADDRESS	21642 OCEAN PINES DR,	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFARLANE, DIANNE E.	
STREET ADDRESS	21642 OCEAN PINES DR.	
CITY-ST-ZIP	LAND O LAKES FL 34639	
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:** Dianne E. McFarlane

Pres

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)