

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90112 003 ***150.00

DOCUMENT # L97387

1. Entity Name

MCCUMBER HOMES, INC.

Principal Place of Business

166 HWY. A1A N.
200 E
PONTE VEDRA BEACH FL 32082
US

Mailing Address

166 HWY A1A NORTH
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3024423**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, MICHAEL A.
225 WATER STREET
SUITE 2000
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name **Bartlett, Baron L.**
Street Address (P.O. Box Number is Not Acceptable)
135 Professional Drive
Suite 101
City **Ponte Vedra Bch** FL Zip Code **32082**

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

Baron L. Bartlett

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

(NOTE: Registered Agent signature required when reinstating)

4/18/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	MCCUMBER, CLARENCE L	
STREET ADDRESS	166 HWY A1A NORTH	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCUMBER, GARY M.	
STREET ADDRESS	166 HWY A1A NORTH	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	McCumber, Brenda S.	
STREET ADDRESS	166 HWY A1A NORTH	
CITY-ST-ZIP	Ponte Vedra Beach 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		<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
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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:

Gary M. McCumber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

DATE

904-823-1900

Daytime Phone #

CR2E034 (10/00)