

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98993

1. Entity Name

MCEWEN & ASSOCIATES, INC.

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

04-25-2001 91001 008 ***150.00

Principal Place of Business

782 W. MONTROSE ST.
CLERMONT FL 34711
US

Mailing Address

644 SE 4TH AVE
FT LAUDERDALE FL 33301
US

750293



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

782 WEST MONTROSE STREET

Suite, Apt. #, etc.

City & State

City & State

CLERMONT, FLORIDA

4. FEI Number

65-0231644

Applied For

Not Applicable

Zip

Country

Zip

Country

34711

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, E SCOTT
644 SE 4TH AVE
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

WILLIAM C. MCEWEN, JR.

Street Address (P.O. Box Number is Not Acceptable)

782 WEST MONTROSE STREET

City

CLERMONT

FL

Zip Code

34711

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)

DATE

WILLIAM C. MCEWEN, JR.

4-16-01

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	DP	<input type="checkbox"/> Delete
NAME	MCEWEN, TERRY	
STREET ADDRESS	782 WEST MONTROSE ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCEWEN, YVONNE	
STREET ADDRESS	782 W MONTROSE ST	
CITY-ST-ZIP	CLERMONT FL 34711	
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	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCEWEN, JR., WILLIAM C.	
STREET ADDRESS	782 WEST MONTROSE STREET	
CITY-ST-ZIP	CLERMONT, FL 34711	
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:

Terry C. McEwen TERRY C. MCEWEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/01
Date

352/242/2335
Daytime Phone #

CR2E034 (10/00)