## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # N29546** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name MCBRIDE HILLS ASSOCIATION, INC. 04-20-2000 90047 044 \*\*\*\*61.25 Principal Place of Business Mailing Address 7738 MCCLURE DR 7738 MCCLURE DR TALLAHASSEE FL 32312-9016 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2934589 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MAROIS, JAMES 7738 MCCLURE DR TALLAHASSEE FL 32312 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition **PVD** ☐ Change Delete TITLE TITLE KISSINGER, GARY NAME NAME STREET ADDRESS 7642 MCCLURE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Addition ☐ Change STD Delete TITLE TITLE MAROIS, JIM NAME NAME STREET ADDRESS STREET ADDRESS 7738 MCCLURE DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 Change ☐ Addition D TITLE ☐ Delete TITLE NAME DANELLO, B NAME STREET ADDRESS 7770 MCCLURE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #