

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90093 036 \*\*\*\*61.25

**DOCUMENT #** N93000003015

1. Entity Name

**MCCORMICK WOODS ASSOCIATION, INC.**

Principal Place of Business

**10036 SAWGRASS DRIVE  
 STE 3  
 PONTE VEDRA BEACH, FL  
 US 32082**

Mailing Address

**P.O. BOX  
 PONTE VEDRA BCH, FL  
 32004-1159**

**00064765**

2. Principal Place of Business

**2180 W SR 434**

Suite, Apt. #, etc.

**STE 5000**

City & State

**LONGWOOD FL**

Zip

**32779**

Country

**US**

3. Mailing Address

**2180 W SR 434**

Suite, Apt. #, etc.

**STE 5000**

City & State

**LONGWOOD FL**

Zip

**32779**

Country

**US**

4. FEI Number

**59-3254672**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNCH, DONALD  
 10036 SAWGRASS DRIVE, STE 3  
 FOUR SEASONS MANAGEMENT  
 PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

Name

**HART, JAMES W JR**

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

**SENTRY MANAGEMENT INC**

**2180 W SR 434 STE 5000**

City

**LONGWOOD**

FL

Zip Code

**32779-5044**

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

**1/27/00**

**FILE NOW:**

**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **MCNEAL, ROBERT A.**  
 STREET ADDRESS **2734 MCCORMICK WOODS DR**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **VD** ☐ Delete  
 NAME **MENARD, STEPHANIE**  
 STREET ADDRESS **2702 MCCORMICK WOODS DR**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **SD** ☐ Delete  
 NAME **JACOBS, ALLAN**  
 STREET ADDRESS **2648 MCCORMICK WOODS DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **JACOB, ALLEN**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE:

**Stephanie Menard** **Stephanie menard**

**4-24-00**

**904.285-1526**