

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005437

1. Entity Name

MCPHAIL STORMWATER MANAGEMENT AND VEHICULAR ACCE

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90070 001 \*\*\*211.25

Principal Place of Business

Mailing Address

5770 JOHNSON LAKE ROAD  
DELEON SPRINGS FL 32130

5770 JOHNSON LAKE ROAD  
DELEON SPRINGS FL 32130-3601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1535 Ranger Ave

3. Mailing Address

To John W McPhail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Deleand, Fla.

5770 Johnson Lake Rd

City & State

City & State

Deleand Springs, Fla

4. FEI Number

59-3389354

Applied For

Not Applicable

Zip

32724

Country

USA

Zip

32130

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCPHAIL, JOHN W  
5770 JOHNSON LAKE ROAD  
DELEON SPRINGS FL 32130

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)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MCPHAIL, JOHN W  
STREET ADDRESS 5770 JOHNSON LAKE RD.  
CITY-ST-ZIP DELEON SPRINGS FL 32130-HNSO ☐ Delete

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

TITLE VD  
NAME MCPHAIL, MICHAEL L  
STREET ADDRESS 5776 JOHNSON LAKE RD  
CITY-ST-ZIP DELEON SPRINGS FL 32130 ☐ Delete

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

TITLE TD  
NAME MCPHAIL, CLAUDE M  
STREET ADDRESS 5776 JOHNSON LAKE RD  
CITY-ST-ZIP DELEON SPRINGS FL 32130 ☐ Delete

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

TITLE SD  
NAME MCPHAIL, CAROLYN B  
STREET ADDRESS 5770 JOHNSON LAKE RD  
CITY-ST-ZIP DELEON SPRINGS FL 32130 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*John W. McPhail*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/00 904-985-4887

CR2E037 (9/99)