

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90167 001 \*\*\*211.25

**DOCUMENT # N95000005437**



1. Entity Name

**MCPHAIL STORMWATER MANAGEMENT AND VEHICULAR ACCE  
SS ASSOCIATION, INC.**

Principal Place of Business

**1535 RANGER AVE  
DELAND FL 32724  
US**

Mailing Address

**% JOHN W MCPHEAR  
5770 JOHNSON LAKE RD  
DELEON SPRINGS FL 32130  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3389354**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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* **John W. McPhail** - 3/3/03

CR2E037 (10/02)