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Applied For Not Applicable

## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600001207

1. Entity Name

THE CORMAC MCCARTHY SOCIETY, INC.

Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT V  City & State  City & State  City & State  Country  Zip  Country  Country  5. Certificate of Status Desire	Street Address (P.O. Box Number is Na Agentable) AVE.			
MIAMI FL 33176  MIAMI FL 33176  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT V.  City & State  City & State  4. FEI Number 65-06429:  Zip  Country  Zip  Country  5. Certificate of Status Desire  6. Name and Address of Current Registered Agent  7. Name and Address of New	lach			
MIAMI FL 33176  MIAMI FL 33176  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desire	7. Name and Address of New Registered Agent			
MIAMI FL 33176  MIAMI FL 33176  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  DO NOT V	3 □ <b>\$8.75</b> A Fee Requi			
MIAMI FL 33176  MIAMI FL 33176  2. Principal Place of Business  3. Mailing Address	<b>श</b> →	Applied Fo		
MIAMI FL 33176 MIAMI FL 33176	DO NOT WRITE IN THIS SPACE			
MIAMI FL 33176 MIAMI FL 33176				
Principal Place of Business Mailing Address				

MIAMI 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

SIGNATURE

**MIAMI FL 33176** 

**FILED** 

Aug 01, 2002 8:00 am Secretary of State

08-01-2002 90170 004 \*\*\*\*61.25

min. will be \$236.25.		Trust Fund Contribution.			Added to Fees Department of State			
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DP	☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
NAME	ARNOLD, EDWIN T		NAME					
STREET ADDRESS	11 MARKET CT		STREET ADDRESS					
CITY-ST-ZIP	BOONE NC		CITY-ST-ZIP					
TITLE	DVP	☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
NAME	LUCE, DIANNE C		NAME			_ `	_	
STREET ADDRESS	316 ST JAMES ST		STREET ADDRESS					
CITY-ST-ZIP	COLUMBIA SC		CITY-ST-ZIP			/	j	
TITLE	DST	☐ Delete	TĪTLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chang	e 🔲 Addition	
NAME	WALLACH, RICHARD S		NAME	10	oxa [1] 1/	a mit		
STREET ADDRESS	41401 SW 87 AVE		STREET ADDRESS	150	10 WC GE	101706		
CITY-ST-ZIP	MIAMI FL.		CITY-ST-ZIP	MI	850 SW 10 AMI, FC	331 <del>7</del> 6		
TITLE		☐ Delete	TITLE			Chang	e 🔲 Addition	
NAME			NAME				į.	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	İ			ĺ	
TITLE	***************************************	☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
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CITY-ST-ZIP			CITY-ST-ZIP				ļ	
TITLE		☐ Delete	TITLE			☐ Chang	Addition	
NAME			NAME				)	
STREET ADDRESS	•		STREET ADDRESS				J	
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.

SIGNATURE:

SILFWALLE REQUIRED

305-378-1206