

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90005 042 ****61.25

DOCUMENT # N96000005556

1. Entity Name

MCCRARY ECONOMIC DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**1324 SW AVE D
BELLE GLADE FL 33430**

**1324 SW AVE D
BELLE GLADE FL 33430**

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

65-0709706

Applied For

Not Applicable

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

**MCCRARY, JACQUELYN
1324 SW AVE D
BELLE GLADE FL 33430**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MCCRARY, JACQUELYN	1324 SW AVE D	BELLE GLADE FL 33430	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	MCCRARY, PATRINA	1324 SW AVE D	BELLE GLADE FL 33430	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	MCCRARY, CORESIA	1324 SW AVE D	BELLE GLADE FL 33430	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
BD	WALKER, ROBERT	816 SE 2ND ST	BELLE GLADE FL 33430	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
BD	WALKER, MATTIE	816 SE 2ND ST	BELLE GLADE FL 33430	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
BD	WEST, JAMES R JR	125 NW AVENUE 8	BELLE GLADE FL 33430	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Jacquelyn McCrary

4/6/01 1/26/01 (521) 992-4322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)