

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004291

1. Entity Name

THE MCLIN FAMILY FOUNDATION, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90004 043 ****61.25

Principal Place of Business

Mailing Address

1000 WEST MAIN STREET
LEESBURG FL 34749

1000 WEST MAIN STREET
LEESBURG FL 34748-4925

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3530746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLYLE, CHRISTOPHER V
1000 WEST MAIN STREET
LEESBURG FL 34749

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 DT ☐ Delete
NAME MCLIN, WALTER S III
STREET ADDRESS 1000 WEST MAIN STREET
CITY-ST-ZIP LEESBURG FL 34749

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

TITLE DP ☐ Delete
NAME MCLIN, GWEN F
STREET ADDRESS 1000 WEST MAIN STREET
CITY-ST-ZIP LEESBURG FL 34749

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

TITLE DV ☐ Delete
NAME MCLIN CARLYLE, SHANNON
STREET ADDRESS 709 MOUND AVE.
CITY-ST-ZIP LEESBURG FL 34748

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
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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:

Walter S Mclin III **REQUIRED** WALTER S MCLIN III 1-6-00 352 7871241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)