

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004435

1. Entity Name

MCDavid ACTION COMMITTEE, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90003 031 ****61.25

Principal Place of Business

100 COTTON CREEK ROAD
MCDavid FL 32568

Mailing Address

PO BOX 32568
MCDavid FL 32568

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

59-3522559

Applied For

Not Applicable

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

WELCH, GEORGE G
100 COTTON CREEK ROAD
MCDavid FL 32568

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME WELCH, GARY
STREET ADDRESS 100 COTTON CREEK RD
CITY-ST-ZIP MC DAVID FL 32568

TITLE SD ☐ Change ☒ Addition
NAME MARY WATSON
STREET ADDRESS 1341 N. CENTURY BLVD
CITY-ST-ZIP MC DAVID FL 32568

TITLE VPD ☐ Delete
NAME LEONARD, DANNY
STREET ADDRESS 3520 HOLLAND RD
CITY-ST-ZIP MC DAVID FL 32568

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

TITLE TD ☐ Delete
NAME MERCHANT, MICHELLE
STREET ADDRESS 4710 GREENWELL RD
CITY-ST-ZIP CENTURY FL 32535

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

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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:

MICHELLE MERCHANT MICHELLE MERCHANT

Date

Daytime Phone #

07-20-00 850-256-5278

CP2E037 (5/00)