

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2002 8:00 am
Secretary of State

05-19-2002 90234 029 ***150.00

DOCUMENT # P01000100346

1. Entity Name

MCPHILL LAND HOLDINGS, INC.

Principal Place of Business

Mailing Address

1713 GIANT SYCAMORE LANE (PO BOX 219)
BAKER FL 32531

1713 GIANT SYCAMORE LANE (PO BOX 219)
BAKER FL 32531



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1217 AIRPORT ROAD

Suite, Apt. #, etc.

SUITE 419

City & State

DESTIN, FL

Zip

32541

Country

OKALOOSA

3. Mailing Address

1217 AIRPORT ROAD

Suite, Apt. #, etc.

SUITE 419

City & State

DESTIN, FL

Zip

32541

Country

OKALOOSA

4. FEI Number

59-3753948

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PHILLIPS, RUPERT E

1713 GIANT SYCAMORE LANE
BAKER FL 32531

7. Name and Address of New Registered Agent

Name

RUPERT E. PHILLIPS

Street Address (P.O. Box Number is Not Acceptable)

1217 AIRPORT ROAD, SUITE 419City **DESTIN****FL**

Zip Code

32541

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 this is applicable

(NOTE: Registered Agent signature required when reinstating)

4-29-02

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **PHILLIPS, RUPERT E**
 STREET ADDRESS **PO BOX 219**
 CITY-ST-ZIP **BAKER FL 32531**

TITLE **D** ☐ Delete
 NAME **MCKELVY, WILLIAM R**
 STREET ADDRESS **PO BOX 217**
 CITY-ST-ZIP **BAKER FL 32531**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUPERT E. PHILLIPS**4-29-02**

Date

(850) 650-5201

Daytime Phone #

CR2E034 (9/01)