

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08401

1. Entity Name

MCDONALD CONSTRUCTION COMPANY, INC. OF GEORGIA

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90105 013 ***150.00

Principal Place of Business

Mailing Address

402 MAIN ST. N.E.
P.O. BOX 568
VIDALIA GA 30474

402 MAIN ST. N.E.
P.O. BOX 568
VIDALIA GA 30475-0568

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

58-1495239

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

CALHOUN, HARVEY L.
445 PABLO POINT DRIVE
JACKSONVILLE FL 32225

Name

Charles S. Hazen

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

146 Commercial Avenue

City

East Olatka

FL

Zip Code

32131

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

Charles S. Hazen

CHARLES S. HAZEN

1-29-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MCDONALD, LINDY
STREET ADDRESS RT. 5 BOX 64
CITY-ST-ZIP LYONS GA

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

TITLE D ☐ Delete
NAME WILLIAMSON, BOBBY JOE
STREET ADDRESS RT. 3 LOOP RD.
CITY-ST-ZIP VIDALIA GA

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

TITLE ST ☐ Delete
NAME DURRENCE, GWEN
STREET ADDRESS ROUTE 5 BOX 227-37
CITY-ST-ZIP LYONS GA

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

TITLE VD ☐ Delete
NAME WILLIAMSON, EDWARD
STREET ADDRESS RT. 3
CITY-ST-ZIP VIDALIA GA

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

TITLE D ☐ Delete
NAME SUTTON, GARY
STREET ADDRESS LEE ST
CITY-ST-ZIP METTER GA

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

13. 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 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:

Lindy McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDY MCDONALD, PRESIDENT

1/24/2000 (912) 537-4181

Date

Daytime Phone #

CR2E034 (9/99)