

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P92000004302**

1. Entity Name

THOMAS P. McALVANA, P.A.

Principal Place of Business Mailing Address
ATTORNEY AT LAW
5739 Gall Blvd.
Zephyrhills, FL 33541

FILED
Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90049 002 ***150.00

00065619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5739 GALL BLVD
 Suite, Apt. #, etc.

3. Mailing Address
5739 GALL BLVD
 Suite, Apt. #, etc.

City & State
Zephyrhills, FL

City & State
Zephyrhills, FL

4. FEI Number
593159442

Applied For
 Not Applicable

Zip
33541

Country
USA

Zip
33541

Country
USA

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

Thomas P. McAlvanah
5739 GALL BLVD
Zephyrhills, FL 33541

Name
Thomas P. McAlvanah
 Street Address (P.O. Box Number is Not Acceptable)
5739 GALL BLVD
ZEPHYRHILLS FL 33541

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

6-15-00

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
President ☐ Delete
 NAME
Thomas P. McAlvanah
 STREET ADDRESS
5739 GALL BLVD
 CITY-ST-ZIP
Zephyrhills FL 33541

TITLE
~~President~~ ☐ Change ☐ Addition
 NAME
Same - no change
 STREET ADDRESS
Same - no change
 CITY-ST-ZIP
Same - no change

TITLE
~~Vice President~~ ☐ Delete
 NAME
Thomas P. McAlvanah
 STREET ADDRESS
5739 GALL BLVD
 CITY-ST-ZIP
Zephyrhills, FL 33541

TITLE
~~Vice President~~ ☐ Change ☐ Addition
 NAME
Same - no change
 STREET ADDRESS
Same - no change
 CITY-ST-ZIP
Same - no change

TITLE
Treasurer ☐ Delete
 NAME
Thomas P. McAlvanah
 STREET ADDRESS
5739 GALL BLVD
 CITY-ST-ZIP
Zephyrhills, FL 33541

TITLE
~~Treasurer~~ ☐ Change ☐ Addition
 NAME
Same - no change
 STREET ADDRESS
Same - no change
 CITY-ST-ZIP
Same - no change

TITLE
Director ☐ Delete
 NAME
Thomas P. McAlvanah
 STREET ADDRESS
5739 GALL BLVD
 CITY-ST-ZIP
Zephyrhills, FL 33541

TITLE
~~Director~~ ☐ Change ☐ Addition
 NAME
Same - no change
 STREET ADDRESS
Same - no change
 CITY-ST-ZIP
Same - no change

TITLE
~~Director~~ ☐ Delete

TITLE
~~Director~~ ☐ Change ☐ Addition

TITLE
~~Director~~ ☐ Delete

TITLE
~~Director~~ ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Director

Date

6-15-00

Daytime Phone #

8137822002

CR2E034 (9/99)