

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90272 022 ***150.00

DOCUMENT # P93000082643

1. Entity Name
MCEWEN MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

**782 W MONTROSE ST
 CLERMONT FL 34711
 US**

Mailing Address

**782 W MONTROSE ST
 CLERMONT FL 34711
 US**

2. Principal Place of Business

P.O. Box 120009

3. Mailing Address

P.O. Box 120009

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

4. FEI Number

65-0454862

Applied For

Not Applicable

Zip

Country

34712-0009 USA

Zip

Country

34712-0009 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCEWEN, WILLIAM C JR
 782 WEST MONTROSE ST
 CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

WILLIAM C. MCEWEN JR.

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

9128 MOSSY OAK LN.

City

CLERMONT

FL

Zip Code

34711

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

W.C. MCEWEN JR., V.P.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

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	PD	<input type="checkbox"/> Delete
NAME	MCEWEN, TERRY C	
STREET ADDRESS	782 WEST MONTROSE ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCEWEN, YVONNE L	
STREET ADDRESS	782 WEST MONTROSE ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCEWEN, WILLIAM C JR	
STREET ADDRESS	782 WEST MONTROSE ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17200 VILLA CITY RD.	
STREET ADDRESS	GROVELAND, FL 34736	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17200 VILLA CITY RD.	
STREET ADDRESS	GROVELAND, FL 34736	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9128 MOSSY OAK LN.	
STREET ADDRESS	CLERMONT, FL 34711	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

W.C. MCEWEN JR., V.P.

4-15-02

407-245-9201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)