

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90272 021 \*\*\*150.00

**DOCUMENT # P93000082813**

**1. Entity Name**  
**TAY MANAGEMENT, 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**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**P.O. BOX 120009**  
 Suite, Apt. #, etc.

**City & State**

**CLERMONT FL**

**City & State**

**CLERMONT FL**

**4. FEI Number**

**65-0454865**

**Applied For**

**Not Applicable**

**Zip**  
**34712-0009**

**Country**

**USA**

**Zip**  
**34712-0009**

**Country**

**USA**

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

**6. Name and Address of Current Registered Agent**

**MCEWEN, JR, WILLIAM C**  
**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)

**4-15-02**  
 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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

|                       |                              |                                 |
|-----------------------|------------------------------|---------------------------------|
| <b>TITLE</b>          | <b>DP</b>                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>MCEWEN, TERRY C</b>       |                                 |
| <b>STREET ADDRESS</b> | <b>782 W. MONTROSE ST</b>    |                                 |
| <b>CITY-ST-ZIP</b>    | <b>CLERMONT FL 34711</b>     |                                 |
| <b>TITLE</b>          | <b>DS</b>                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>YVONNEL, MCEWEN</b>       |                                 |
| <b>STREET ADDRESS</b> | <b>782 WEST MONTROSE ST</b>  |                                 |
| <b>CITY-ST-ZIP</b>    | <b>CLERMONT FL 34711</b>     |                                 |
| <b>TITLE</b>          | <b>DV</b>                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>MCEWEN, JR, WILLIAM</b>   |                                 |
| <b>STREET ADDRESS</b> | <b>782 WEST MONTROSE ST.</b> |                                 |
| <b>CITY-ST-ZIP</b>    | <b>CLERMONT FL 34711</b>     |                                 |
| <b>TITLE</b>          |                              | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                              |                                 |
| <b>STREET ADDRESS</b> |                              |                                 |
| <b>CITY-ST-ZIP</b>    |                              |                                 |
| <b>TITLE</b>          |                              | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                              |                                 |
| <b>STREET ADDRESS</b> |                              |                                 |
| <b>CITY-ST-ZIP</b>    |                              |                                 |
| <b>TITLE</b>          |                              | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                              |                                 |
| <b>STREET ADDRESS</b> |                              |                                 |
| <b>CITY-ST-ZIP</b>    |                              |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                               |  |
|-----------------------|-------------------------------|--|
| <b>TITLE</b>          | <b>17200 VILLA CITY RD</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | <b>BRUELAND, FL 34736</b>     |  |
| <b>STREET ADDRESS</b> |                               |  |
| <b>CITY-ST-ZIP</b>    |                               |  |
| <b>TITLE</b>          | <b>MCEWEN, YVONNE L.</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | <b>17200 VILLA CITY RD.</b>   |  |
| <b>STREET ADDRESS</b> | <b>BRUELAND, FL 34736</b>     |  |
| <b>CITY-ST-ZIP</b>    |                               |  |
| <b>TITLE</b>          | <b>MCEWEN, JR, WILLIAM C.</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | <b>9128 MOSSY OAK LN.</b>     |  |
| <b>STREET ADDRESS</b> | <b>CLERMONT, FL 34711</b>     |  |
| <b>CITY-ST-ZIP</b>    |                               |  |
| <b>TITLE</b>          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                               |  |
| <b>STREET ADDRESS</b> |                               |  |
| <b>CITY-ST-ZIP</b>    |                               |  |
| <b>TITLE</b>          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                               |  |
| <b>STREET ADDRESS</b> |                               |  |
| <b>CITY-ST-ZIP</b>    |                               |  |
| <b>TITLE</b>          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                               |  |
| <b>STREET ADDRESS</b> |                               |  |
| <b>CITY-ST-ZIP</b>    |                               |  |

**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.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-02**  
 Date

**407-245-9201**  
 Daytime Phone #

CR2E034 (9/01)