

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009824

1. Entity Name

MCLEAN CHEMICAL SALES, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90004 032 \*\*\*158.75

Principal Place of Business

904 JAN-MAR COURT  
STE A  
CLERMONT FL 34711  
US

Mailing Address

PO BOX 1044  
MINNEOLA FL 34755-1044  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3330052

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LANGLEY, RICHARD H  
700 ALMONT STREET  
CLERMONT FL 34712

Name

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

City

FL

Zip Code

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

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  
NAME MCLEAN, WILLIAM B III  
STREET ADDRESS 301 BLOXAM AVE  
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

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

TITLE D  
NAME MCLEAN, WILLIAM B SR  
STREET ADDRESS 300 TRANQUILITY LANE  
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

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

TITLE D  
NAME MCLEAN, WILLIAM B JR  
STREET ADDRESS PO BOX 120902 20574 SUGARLOAF MOUNTIN RD  
CITY-ST-ZIP CLERMONT FL 34712-0902 ☐ Delete

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

TITLE VP  
NAME MCLEAN, JOHN S  
STREET ADDRESS 5028 STRAFFORD OAKS DR  
CITY-ST-ZIP SEBRING FL ☐ Delete

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

TITLE D  
NAME MCLEAN, JOHN S  
STREET ADDRESS 6932 KENWOOD PLACE  
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

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

TITLE D  
NAME MCLEAN, MARK V  
STREET ADDRESS 260 HUNTLEY DR S  
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

01/13/00

Date

352-242-9989

Daytime Phone #

CR2E034 (9/99)