

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025211

1. Entity Name
BLOUNT/MCNEIL, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91334 001 ***150.00

Principal Place of Business
34851 EMERALD COAST PKWY
DESTIN FL 32541
US

Mailing Address
34851 EMERALD COAST PKWY
DESTIN FL 32541
US

00053819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 150

City & State

Zip

Country

Suite, Apt. #, etc.

SUITE 150

City & State

Zip

Country

4. FEI Number 59-3245901

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 ~~Current~~ Registered Agent

RUNNELS, DAVAGE J III
36468 EMERALD COAST PKWY
STE 2201
DESTIN FL 32541

Name

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

36468 EMERALD COAST PKWY

BLDG II, SUITE 2101

City

DESTIN

FL

Zip Code

32541

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.

(ADDRESS CHANGE ONLY)

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, 2001 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 DP
NAME MCNEIL, JOHN A JR
STREET ADDRESS 4502 OLDE PLANTATION PL
CITY-ST-ZIP DESTIN FL ☐ Delete

TITLE DS
NAME BLOUNT, W.HOUSTON
STREET ADDRESS 4117 OLD LEEDS LN
CITY-ST-ZIP BIRMINGHAM AL 35213 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS 50 CROSS CREEK DRIVE WEST
CITY-ST-ZIP BIRMINGHAM, AL 35213 ☒ Change ☐ Addition

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

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

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

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:

John A McNeil, Jr

JOHN A MCNEIL, JR 04/30/01 850-650-9933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)