

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062431

1. Entity Name
MCCAIN PROPERTIES, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90065 006 ***150.00

Principal Place of Business
11580 OAKHURST RD
LARGO FL 33774
US

Mailing Address
11580 OAKHURST RD
LARGO FL 33774
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0518095

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 New Registered Agent

MCGAIN, GENE R
11580 OAKHURST ROAD
LARGO FL 33774

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, 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 D
NAME MCCAIN, GENE R
STREET ADDRESS 11580 OAKHURST ROAD
CITY-ST-ZIP LARGO FL

TITLE Sec / Treasurer
NAME Mr. Lonnie E. Mark
STREET ADDRESS 11175 109th Way
CITY-ST-ZIP LARGO FL 33778

TITLE D
NAME MCCAIN, LEE S
STREET ADDRESS 11580 OAKHURST ROAD
CITY-ST-ZIP LARGO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PHILLIPS, LAURA L
STREET ADDRESS 210 S. PRAIRIE VIEW DR. #522
CITY-ST-ZIP WEST DES MOINES IA 50266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Gene R. McCain Gene R. McCain 1-5-2001 727-593-0309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)