

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000062722**

1. Entity Name

MCDONALD DEVELOPMENT ENTERPRISES, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90036 044 ***150.00

Principal Place of Business

**900 EAGLEBROOKE BLVD
LAKELAND FL 33813
US**

Mailing Address

**P.O. BOX 2218
LAKELAND FL 33806**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 2537

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33806-2537

Country

4. FEI Number **59-3264080**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****JACOBS, DALE G
3730 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813****7. Name and Address of New Registered Agent**

Name

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

3730 Cleveland Heights Blvd.**Suite #2**

City

Lakeland

FL

Zip Code

33813-1212

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	MCDONALD, PAUL	
STREET ADDRESS	5610 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIBERTORE, LARRY J	
STREET ADDRESS	900 EAGLEBROOKE BLVD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JACOBS, DALE G.	
STREET ADDRESS	3730 CLEVELAND HEIGHTS BLVD	
CITY-ST-ZIP	LAKELAND FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swartzwelder, Terry R.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST/VP	<input checked="" 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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01**863/648-1877**

CR2E034 (10/00)