

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004534

1. Entity Name

M. PETE MCNABB OF CENTRAL FLORIDA, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90012 041 \*\*\*150.00

Principal Place of Business

Mailing Address

261 EAST ALTAMONTE DR  
SUITE 1008  
ALTAMONTE SPRINGS FL 32701

261 EAST ALTAMONTE DR  
SUITE 1008  
ALTAMONTE SPRINGS FL 32701-4311

2. Principal Place of Business

3. Mailing Address

401 E CHASE ST  
Suite, Apt. #, etc.

401 E CHASE ST  
Suite, Apt. #, etc.

STE 104

STE 104

City & State  
Pensacola

City & State  
Pensacola, FL

Zip  
FL 32501

Country

Zip  
32501

Country

4. FEI Number 59-3295211

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

ROBINSON, DANIEL P  
261 E ALTAMONTE DR  
SUITE 1008  
ALTAMONTE SPRINGS FL 32701

Name JANE A. JAMES  
Street Address (P.O. Box Number is Not Acceptable)  
401 E CHASE STREET  
Ste 104  
City Pensacola FL Zip Code 32501

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 Jane A. James JANE A. JAMES 4-13-00  
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 D ☐ Delete  
NAME MCNABB, M. PETE  
STREET ADDRESS 261 ALTAMONTE DR STE 1008  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 401 E CHASE ST STE 104  
CITY-ST-ZIP Pensacola, FL 32501

TITLE VP ☒ Delete  
NAME ROBINSON, DANIEL P  
STREET ADDRESS 261 E ALTAMONTE DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

TITLE VS ☐ Delete  
NAME JAMES, JANE A  
STREET ADDRESS 2201 CANTU COCORT, #110  
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 401 E CHASE ST STE 104  
CITY-ST-ZIP Pensacola, FL 32501

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Jane A. James SIGNATURE REQUIRED 4-13-00 850-857-1042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)