

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011068

1. Entity Name

MCNATIONAL LAND CO.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90091 002 ***150.00

Principal Place of Business

Mailing Address

45 GULF DUNES
SANTA ROSA BEACH FL 32459

8500 GULANE COURT
DUBLIN OH 43017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3311321

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

MCGINNIS, CHARLES D
45 GULF DUNES
SANTA ROSA BEACH FL 32459

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MCGINNIS, CHARLES D	
STREET ADDRESS	45 GULF DUNES	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGINNIS, SUSAN K	
STREET ADDRESS	45 GULF DUNES	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BORDEN, NOLAN R	
STREET ADDRESS	8500 GULANE COURT	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JOHNSON, C. CLAYTON	
STREET ADDRESS	400 BANK ONE PLAZA	
CITY-ST-ZIP	PORTSMOUTH OH 45662	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

Nolan R Borden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/13/2000* Daytime Phone #

CR2E034 (9/99)