

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90058 015 \*\*\*150.00

DOCUMENT # **P95000011068**

1. Entity Name  
**MCNATIONAL LAND CO.**



Principal Place of Business  
**45 GULF DUNES  
SANTA ROSA BEACH FL 32459**

Mailing Address  
**8500 GULANE COURT  
DUBLIN OH 43017**

**30007135**



2. Principal Place of Business

3. Mailing Address

**5917 Roundstone PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Dublin OH**

4. FEI Number **59-3311321**

Applied For

Not Applicable

Zip

Country

Zip

Country

**43016**

**USA**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MCGINNIS, CHARLES D**  
STREET ADDRESS **45 GULF DUNES**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **VP** ☐ Delete  
NAME **MCGINNIS, SUSAN K**  
STREET ADDRESS **45 GULF DUNES**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **ST** ☐ Delete  
NAME **BORDEN, NOLAN R**  
STREET ADDRESS **8500 GULANE COURT**  
CITY-ST-ZIP **DUBLIN OH 43017**

TITLE **ST** ☒ Change ☐ Addition  
NAME **Borden Nolan R**  
STREET ADDRESS **5917 Roundstone PL**  
CITY-ST-ZIP **Dublin Oh 43016**

TITLE **AS** ☐ Delete  
NAME **JOHNSON, C. CLAYTON**  
STREET ADDRESS **400 BANK ONE PLAZA**  
CITY-ST-ZIP **PORTSMOUTH OH 45662**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nolan R Borden Treas 1/10/03**

Date

**614 752 3814**

Daytime Phone #

CR2E034 (10/02)