

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036313

1. Entity Name

MCCREARY CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90123 044 ***150.00

Principal Place of Business

Mailing Address

700 CENTRAL PARKWAY
STUART FL 34994

700 CENTRAL PARKWAY
STUART FL 34994-3967

00000107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3318934

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

BYERS, JOHN R
225 WATER STREET, STE 1400
JACKSONVILLE FL 32202

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPCE MCCREARY, W T 700 CENTRAL PKWY STUART FL 34994 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUSSELL, WILLIAM R 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, STEVEN R 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS FINCH, ROBERT B 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS BYERS, JOHN R 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT BOWEN, PATRICK M 700 CENTRAL PARKWAY STUART FL 34994 | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Rader, David L. 1000 Riverside Avenue, Suite 800 Jacksonville, FL 32204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Thorpe, Kim D. 225 Water Street, Suite 1400 Jacksonville, FL 32202 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mueller, Markus 9714 San Jose Boulevard Jacksonville, FL 32257 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Becker, Jean 700 Central Parkway Stuart, FL 34994 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Davis, James 700 Central Parkway Stuart, FL 34994 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Spano, Mark 700 Central Parkway Stuart, FL 34994 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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

Peggy A. Parks

Date

(904) 354-2482

Daytime Phone Ext. 3287

CR2E034 (9/99)

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
(Continuation)

| | | |
|--|---|----------|
| Title Name Address City, ST-Zip | V McCreary, Michael 700 Central Parkway Stuart, FL 34994 | Addition |
| Title Name Address City, ST-Zip | V Palmer, Clark 700 Central Parkway Stuart, FL 34994 | Addition |
| Title Name Address City, ST-Zip | AS Parks, Peggy A. 225 Water Street, Suite 1400 Jacksonville, FL 32202 | Addition |