

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096408

1. Entity Name

MCLEAN INSURANCE GROUP, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90114 019 ***150.00

Principal Place of Business

1298 MINNESOTA AVE
SUITE 'H'
WINTER PARK FL 32789
US

Mailing Address

1298 MINNESOTA AVE
SUITE 'H'
WINTER PARK FL 32789-7115
US

2. Principal Place of Business

3107 Edgewater Dr. #1
Suite, Apt. #, etc.
#1

3. Mailing Address

3107 Edgewater Dr.
Suite, Apt. #, etc.
#1



DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3350098

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, WILLIAM L.
744 HIGHLAND AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

3107 Edgewater Drive
#1

City

Orlando

FL

Zip Code

32804

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 VP
NAME MCLEAN, JR. D
STREET ADDRESS 744 HIGHLAND AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE P
NAME MCLEAN, WILLIAM L.
STREET ADDRESS 744 HIGHLAND AVE.
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 #

CR2E034 (9/99)