

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016022

1. Entity Name

MCDEAVITT & ASSOCIATES, P.A.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90129 026 ***150.00

911975



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1803 AUSTRALIAN AVE. SOUTH
SUITE A. BIG OAK PROF. BLDG.
WEST PALM BEACH FL 33409

Mailing Address
1803 AUSTRALIAN AVE. SOUTH
SUITE A. BIG OAK PROF. BLDG.
WEST PALM BEACH FL 33409-6454

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0631792**

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

MCDEAVITT, BARBARA J
1803 AUSTRALIAN AVE. SOUTH
SUITE A, BIG OAK PROF. BLDG.
WEST PALM BEACH FL 33409

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 date 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
PD
MCDEAVITT, BARBARA J
1803 AUSTRALIAN AVE. SO., STE. A
WEST PALM BEACH FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
REYNOLDS, ROBERT J
1430 FAIRWAY CIRCLE
WEST PALM BEACH FL 33413 ☐ Delete

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Barbara J McDevitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00
Date

561-683-0050
Daytime Phone #