

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90245 019 \*\*\*550.00

0072875 AV

**DOCUMENT # P96000016022**

**1. Entity Name**  
**MCDEAVITT & ASSOCIATES, P.A.**

**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**

**2. Principal Place of Business**

**3. Mailing Address**

*2660 Okeechobee Blvd.*  
 Suite, Apt. #, etc.

*Same*  
 Suite, Apt. #, etc.

*West Palm Beach, FL*  
 City & State

*Same*  
 City & State

*33409*  
 Zip

*FL*  
 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**

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

*Change Last name Reynolds*  
**BARBARA J. REYNOLDS**  
**2660 Okeechobee Blvd**  
**West Palm Beach, FL 33409**

**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** *Barbara J Reynolds Resident B.J. Reynolds 8/25/01*  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>MCDEAVITT, BARBARA J</b> <b>1803 AUSTRALIAN AVE. SO., STE. A</b> <b>WEST PALM BEACH FL 33409</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>REYNOLDS, ROBERT J</b> <b>1430 FAIRWAY CIRCLE</b> <b>WEST PALM BEACH FL 33413</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>Barbara Reynolds</i> <b>2660 Okeechobee Blvd.</b> <b>West Palm Beach, FL 33409</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>2660 Okeechobee Blvd.</i> <b>West Palm Beach, FL 33409</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input 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:** *Barbara J Reynolds* **BARBARA J. REYNOLDS PRES. 8/25/01 561-683-0050**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

APPLICATION NO. 98-001809 M

## FLORIDA MARRIAGE RECORD

B0003632

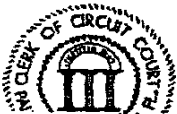
GROOM	1 GROOM'S NAME (First, Middle, Last) <b>ROBERT JOSEPH REYNOLDS</b>			2 DATE OF BIRTH (Month, Day, Year) <b>AUG 05 1938</b>	
	3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>CORAL SPRINGS</b>		3b. COUNTY <b>BROWARD</b>	3c. STATE <b>FL</b>	4 BIRTHPLACE (State or Foreign Country) <b>AL</b>
BRIDE	5a. BRIDE'S NAME (First, Middle, Last) <b>BARBARA JEAN MCDEAVITT</b>			5b. MAIDEN SURNAME (if different) <b>BEACHEM</b>	5 DATE OF BIRTH (Month, Day, Year) <b>NOV 24 1947</b>
	7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>CORAL SPRINGS</b>		7b. COUNTY <b>BROWARD</b>	7c. STATE <b>FL</b>	8 BIRTHPLACE (State or Foreign Country) <b>PA</b>
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH OF US, DO HEREBY STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US. WE HEREBY APPLY FOR LICENSE TO MARRY.					
9 GROOM'S SIGNATURE (Sign full name) <i>Robert Joseph Reynolds</i>			13 BRIDE'S SIGNATURE (Sign full name) <i>Barbara Jean McDevitt</i>		
10 SUBSCRIBED AND SWORN TO BEFORE ME ON <b>JUN 30 1998</b>			14 SUBSCRIBED AND SWORN TO BEFORE ME ON <b>JUN 30 1998</b>		
12 SIGNATURE OF ISSUING OFFICIAL <i>Lillian Danc</i>			18 SIGNATURE OF ISSUING OFFICIAL <i>Lillian Danc</i>		
LICENSE TO MARRY AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS 17 DATE LICENSE ISSUED <b>JUN 30 1998</b> 18 EXPIRATION DATE <b>AUG 29 1998</b>			CERTIFICATE OF MARRIAGE 21 I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA ON <b>July 11, 1998</b> (DATE) AT <b>Coral Springs</b> (CITY OR TOWN)		
19a. SIGNATURE OF PERSON ISSUING LICENSE <i>[Signature]</i>			22a. SIGNATURE OF PERSON PERFORMING CEREMONY <i>Herschel Creasman</i>		
19c. TITLE <b>CLERK OF THE CIRCUIT COURT</b>			22c. TITLE <b>Minister</b>		
20 COUNTY <b>PALM BEACH</b>			22d. ADDRESS <b>201 N. University Dr. Coral Springs, FL 33071</b>		
25 DATE RETURNED			23 SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>		
27 CLERK OF COURT			24 SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>		

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.

GROOM	28 RACE <b>WHITE</b>	29 NUMBER OF THIS MARRIAGE <b>03</b>	IF PREVIOUSLY MARRIED SPECIFY 30 - 31 <b>DEATH</b>	30 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) <b>DEATH</b>	31 DATE LAST MARRIAGE ENDED <b>MAY 14 1997</b>
	32 RACE <b>WHITE</b>	33 NUMBER OF THIS MARRIAGE <b>03</b>	IF PREVIOUSLY MARRIED SPECIFY 34 - 35 <b>DIVORCE</b>	34 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) <b>DIVORCE</b>	35 DATE LAST MARRIAGE ENDED <b>MAY 20 1980</b>

DH 743B, 10/98  
(Obsoletes previous editions)This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

AUDIT CONTROL NO. B357548



I certify this document to be a true copy of the record in my office  
this NINETEENTH day of OCTOBER, 1998  
DOROTHY H. WILKEN, Clerk of Court, Palm Beach County, FL  
Deputy Clerk