

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053385

1. Entity Name

MCCUNE, INC.

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

04-04-2000 90018 009 ***150.00

Principal Place of Business

Mailing Address

9148 SOUTHERN BREEZE DRIVE
ORLANDO FL 32836

~~422 WATER ST.~~ 9148 Southern Bree
~~CELEBRATION FL 32836~~ Orlando, FL 3
US



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

65-0678069

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

MCCUNE, EDWARD

422 WATER ST.

~~CELEBRATION FL 34747~~

Name

Andrea McCune

Street Address (P.O. Box Number is Not Acceptable)

9148 SOUTHERN BREEZE DRIVE

City

ORLANDO

FL

32836

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

Andrea McCune Andrea McCune

3-27-00

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 DPST
NAME MCCUNE, EDWARD J
STREET ADDRESS ~~422 WATER ST.~~
CITY-ST-ZIP ~~CELEBRATION FL 34747~~

☒ Delete

TITLE
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TITLE DPST
NAME Andrea McCune
STREET ADDRESS 9148 Southern Breeze Drive
CITY-ST-ZIP Orlando, FL 32836

☒ Change ☐ Addition

TITLE
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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:

Andrea McCune Andrea McCune 3-27-00 (407) 370-4386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)