

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90011 037 \*\*\*150.00

DOCUMENT # P96000056335



1. Entity Name  
**JEFFREY ALLEN MCCANN, P.A.**

Principal Place of Business 200 EAST GOVERNMENT ST SUITE <del>210</del> PENSACOLA FL 32501	Mailing Address 200 EAST GOVERNMENT ST SUITE <del>210</del> PENSACOLA FL 32501 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>200 East Government St.</b>	3. Mailing Address <b>200 East Government St.</b>
--	--

Suite, Apt. #, etc. <b>Suite 130</b>	Suite, Apt. #, etc. <b>Suite 130</b>
---	---

City & State <b>Pensacola, FL</b>	City & State <b>Pensacola, FL</b>
--------------------------------------	--------------------------------------

4. FEI Number <b>59-3387238</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

Zip <b>32501</b>	Country	Zip <b>32501</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---------------------	---------	---------------------	---------	--	---------------------------------------

**6. Name and Address of Current Registered Agent**

MCCANN, JEFFREY A  
 200 EAST GOVERNMENT ST  
 SUITE 210  
 PENSACOLA FL 32501

**7. Name and Address of New Registered Agent**

Name <b>McCann, Jeffrey A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>200 East Government St., Ste 130</b>	
<b>Pensacola FL 32501</b>	
City <b>FL</b>	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 Jeffrey A. McCann, Director DATE 8/8/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 13, 2000 Min. 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**

TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MCCANN, JEFFREY A</b>	
STREET ADDRESS <b>200 EAST GOVERNMENT ST STE 210</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32501</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>200 East Government St., Suite 130</b>	
CITY-ST-ZIP <b>Pensacola, FL 32501</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jeffrey A. McCann DATE 8/8/00 (850) 436-8464  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/00)

# 2000 UNIFORM BUSINESS REPORT (UBR)

*Attachment  
OFF P96000056335  
0078615*

**DOCUMENT # P96000056335**  
 1. Entity Name  
**JEFFREY ALLEN MCCANN, P.A.**

Principal Place of Business <b>200 EAST GOVERNMENT ST SUITE 210 PENSACOLA FL 32501</b>	Mailing Address <b>200 EAST GOVERNMENT ST SUITE 210 PENSACOLA FL 32501-6055 US</b>
---	---

2. Principal Place of Business Suite, Apt. #: etc.	3. Mailing Address Suite, Apt. #: etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3387238**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MCCANN, JEFFREY A  
 200 EAST GOVERNMENT ST  
 SUITE 210  
 PENSACOLA FL 32501**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCANN, JEFFREY A</b>	
STREET ADDRESS	<b>200 EAST GOVERNMENT ST STE 210</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **Jeffrey A. McCann** *4/12/00 (000) 476-8404*

Jeffrey Allen McCann, P.A.  
Attorney at Law

200 East Government Street, Suite 130, Pensacola, Florida 32501  
Office: (850) 436-8404 Fax: (850) 436-4664  
e - mail: j.mccann@abanet.org

Attachment  
OFF. P9600056335  
D0578115

August 8, 2000

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Year 2000 Uniform Business Report, document P96000056335

Dear Sir or Madam:

I filed a completed UBR on behalf of this firm during the filing period, using the form and envelope provided. This envelope was not returned to me, although it had my return address, and I later learned that my payment check, item no. 1284, drawn on Compass Bank Account 710 2065 7, was never deposited.

When I received a second notice to file a UBR, I contacted your office, and they instructed me to explain these circumstances, and submit a copy of the original filing and a new payment in the original amount. I am also enclosing an new UBR, due to a change of address. Thank you for your assistance.

Sincerely,



Jeffrey A. McCann