

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90050 035 ***150.00

DOCUMENT # P96000068298

1. Entity Name

JOY MCCANN GENERAL PARTNER, INC.

Principal Place of Business

**3225 S MACDILL AVE., STE 129
PMB #253
TAMPA FL 33629
US**

Mailing Address

**3225 S MACDILL AVE., STE 129
PMB #253
TAMPA FL 33629
US**

2. Principal Place of Business

3225 South MacDill Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 111

City & State

City & State

City & State

Tampa, Florida

Zip

Country

Zip

Country

Zip

33629

Country

USA

4. FEI Number

59-3395048

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

**BRYN, MARK J
ONE BISCAYNE TOWER, SUITE 2680
2 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131**

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 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, 2002 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 ☐ Delete
NAME **ST LYNCH, SCOTT**
STREET ADDRESS **3225 S MACDILL AVE., STE 129 PMB #253**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD PURCELL, THOMAS K**
STREET ADDRESS **3225 S MACDILL AVE., STE 129 PMB #253**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DCOB CULVERHOUSE, JOY**
STREET ADDRESS **3301 BAYSHORE BLVD SUITE 2401**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas K Purcell

4/26/02

(813) 805-0093

Date

Daytime Phone #

CR2E034 (9/01)