

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093372

1. Entity Name

BDC MCD, INC

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90052 045 ***150.00

Principal Place of Business

Mailing Address

515 LIGHTNING TRAIL
MAITLAND FL 32751
US

515 LIGHTNING TRAIL
MAITLAND FL 32751-4048
US

2. Principal Place of Business

535 PARKLAKEN.

3. Mailing Address

Suite, Apt. #, etc.

Suite 125

City & State

Winter Park FL

Zip

32789

Country

Orange

City & State

Winter Park FL

Zip

32789

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3476211

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

MCDONALD, ANGIE
T515 LIGHTNING TRAIL
MAITLAND FL 32751

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 fee 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 PS ☐ Delete
NAME ANGIE L MCDONALD
STREET ADDRESS 101 E ALTAMONTE DR #834
CITY-ST-ZIP ALTAMONTE SPRGS FL 32701

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

TITLE PS ☐ Delete
NAME MCDONALD, ANGIE
STREET ADDRESS 515 LIGHTNING TRAIL
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (9/99)