

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013493

1. Entity Name

THE MCELWAIN GROUP, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90072 009 ***150.00

Principal Place of Business

Mailing Address

649 5TH AVE S
#218
NAPLES FL 34102
US

649 5TH AVE S
#218
NAPLES FL 34102-6601
US

2. Principal Place of Business

3. Mailing Address

4851 Tamiami Trail N.

4851 Tamiami Trail N.

Suite, Apt. #, etc.

400

City & State

Naples, FL

Zip
34103

Country
USA

Suite, Apt. #, etc.

400

City & State

Naples, FL

Zip
34103

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0812271

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

MCELWAIN, ROBERT S
2985 CRAYTON ROAD
NAPLES FL 34103

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D MCELWAIN, ROBERT S
2985 CRAYTON ROAD
NAPLES FL 34103 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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)(f), 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:

Robert S. McElwain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-00

941-262-3777

CR2F034 (9/99)