

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032986

1. Entity Name
GARY MCCORMICK & ASSOCIATES, INC.

Principal Place of Business

1413 HOMEPORT DRIVE
NAVARRE BEACH FL 32566
US

Mailing Address

1413 HOMEPORT DRIVE
NAVARRE BEACH FL 32566
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMICK, GARY D
~~1454 CARIBE DR~~
NAVARRE BEACH FL 32566

Name

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

1413 Homeport Dr.

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 GARY D. MCCORMICK
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, 2001 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 V
STREET ADDRESS MENDELSON, JOANNE
CITY-ST-ZIP 913 HENCKLEY DR
MOBILE AL 36609

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

TITLE ☐ Delete
NAME President
STREET ADDRESS GARY MCCORMICK
CITY-ST-ZIP 1413 Homeport Dr.
NAVARRE BEACH, FL 32566

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: GARY MCCORMICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90073 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3504309
Applied For
Not Applicable

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

CR2E034 (10/00)