

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000084146

FILED  
Sep 13, 2002  
Secretary of State

Entity Name: MCLR, INC.

## Current Principal Place of Business:

%NORTH AMERICAN PROP. SE, INC.  
12995 SOUTH CLEVELAND AVE., STE. 214  
FORT MYERS, FL 33907

## New Principal Place of Business:

## Current Mailing Address:

%NORTH AMERICAN PROP. SE, INC.  
12995 SOUTH CLEVELAND AVE., STE. 214  
FORT MYERS, FL 33907

## New Mailing Address:

FEI Number: 65-0869285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAFELE, DALE G  
%NORTH AMERICAN PROPERTIES-SOUTHEAST, INC.  
12995 SOUTH CLEVELAND AVE., STE. 214  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILLIAMS, THOMAS L  
Address: 212 EAST THIRD STREET #300  
City-St-Zip: CINCINNATI, OH 45202

Title: D ( ) Delete  
Name: WILLIAMS, JOSEPH W JR.  
Address: 212 EAST THIRD STREET #300  
City-St-Zip: CINCINNATI, OH 45202

Title: D ( ) Delete  
Name: GROTE, RICHARD W  
Address: 212 EAST THIRD STREET #300  
City-St-Zip: CINCINNATI, OH 45202

Title: D ( ) Delete  
Name: GROTE, THOMAS D  
Address: 212 EAST THIRD STREET #300  
City-St-Zip: CINCINNATI, OH 45202

Title: O ( ) Delete  
Name: HARELE, DALE G  
Address: 12995 S CLEVELAND AVE STE 214  
City-St-Zip: FT MYERS, FL 33907

Title: O ( ) Delete  
Name: SPREHN, SUSAN M  
Address: 12995 S CLEVELAND AVE STE 214  
City-St-Zip: FT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. SPREHN

O

09/13/2002

Electronic Signature of Signing Officer or Director

Date