

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90063 044 ***150.00

DOCUMENT # P98000089056

1. Entity Name
MCEWEN INDIA OCB, INC.

Principal Place of Business

**782 W MONTROSE STREET
 CLERMONT, FL 34711
 US**

Mailing Address

**782 W MONTROSE STREET
 CLERMONT FL 34711
 US**

2. Principal Place of Business

P.O. Box 120009

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 120009

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

4. FEI Number

59-3539263

Applied For

Not Applicable

Zip

Country

34712-0009

USA

Zip

Country

34712-0009

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCEWEN, WILLIAM C JR.
 782 WEST MONTROSE ST.
 CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **WILLIAM C. MCEWEN JR.**

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

9128 MOSSY OAK LN.

City

CLERMONT, FL

State

FL

Zip Code **34711**

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

W.C. MCEWEN JR., V.P.

4-15-02

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCEWEN, TERRY C	
STREET ADDRESS	782 W MONTROSE STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCEWEN, YVONNE	
STREET ADDRESS	782 W MONTROSE STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCEWEN, WILLIAM C JR.	
STREET ADDRESS	782 WEST MONTROSE ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17200 VILLA CITY RD.	
STREET ADDRESS	GROVELAND FL 34736	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17200 VILLA CITY RD.	
STREET ADDRESS	GROVELAND, FL 34736	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9128 MOSSY OAK LN.	
STREET ADDRESS	CLERMONT, FL 34711	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

W.C. MCEWEN JR., V.P.

4-15-02

407-245-9201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)