

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90166 014 ***158.75

DOCUMENT # P98000096234

1. Entity Name

HILLISIDE-CLEARWATER, INC.

Principal Place of Business

**123 MCMULLEN BOOTH RD.
CLEARWATER FL 33759**

Mailing Address

**123 MCMULLEN BOOTH RD.
CLEARWATER FL 33759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0877356

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGAVIN, JOSEPH D
123 MCMULLEN BOOTH RD.
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name
DAVID M. GAYNES, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
7153 Catania Drive

City
Boynton Beach

FL

Zip Code
33437

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

David M. Gaynes

DAVID M. GAYNES, ESQUIRE

Signature, typed or printed name of registered agent available 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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCGAVIN, JOSEPH D
123 MCMULLEN BOOTH RD.
CLEARWATER FL 33759**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGAVIN, AUSTIN W
1859 NORTH PINE ISLAND ROAD
PLANTATION FL 33322**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGAVIN, ADAM E
4546 SOUTH SEMORAN BOULEVARD
ORLANDO FL 32822**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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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:

JOSEPH MC GAVIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH MC GAVIN

1/22/2002

Date

Daytime Phone #

CR2E034 (9/01)