

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # S40528

1. Entity Name
MCCLELLAN AND EWING INCORPORATED

FILED

00 JUN 12 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1401 WEST BLISS STREET
AVON PARK FL 33825

Mailing Address

1401 WEST BLISS STREET
AVON PARK FL 33825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1459674

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MCCLELLAN, JOHN F.
1401 WEST BLISS STREET
AVON PARK FL 33825

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP MCCLELLAN, JOHN F. 1401 WEST BLISS STREET AVON PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCLELLAN, SHERYL 1401 WEST BLISS STREET AVON PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EWING, LOREN RT 2 BOX 174C ZOLFO SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EWING, JUDY RT 2 BOX 174C ZOLFO SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLELLAN, BLISS 1401 W BLISS ST AVON PARK FL 33825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLELLAN, ZEAH 1401 WEST BLISS STREET AVON PARK FL 33825	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

500003342635--9
-08/01/00--01084--017
****150.00 ****150.00

LS

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:

John F. McClellan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-20

863-452-2999

CR2E034 (5/00)

2082

150-Dollars and-00 Cents

\$150.00

02/14/20

FLORIDA DEPT OF STATE
DIVISION OF CORP'S
P O B 6327
TALLAHASSEE, FL 32314

Memo : 2000 UNIFORM BUS REPORT (UBR)

4553

Paid to : FLORIDA DEPT OF STATE
DIVISION OF CORP'S
P O B 6327
TALLAHASSEE, FL 32314

Amount : ***\$150.00***

Date : 02/14/20

Memo : 2000 UNIFORM BUS REPORT (UBR)

DESCRIPTION
EXP. HIGH, LICENSE

Debit
150.00

Credit

*This is a COPY of the check I sent
in Feb. 2000*
John F. McClure