

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90001 026 ***150.00

DOCUMENT # S42409

1. Entity Name

MCLEAN INVESTMENT COMPANY, INC.

Principal Place of Business

**707 NORTH FLORIDA AVENUE
TAMPA FL 33602-4407**

Mailing Address

**707 NORTH FLORIDA AVENUE
TAMPA FL 33602-4407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3060075**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCLEAN, WILLIAM C. JR.
707 NORTH FLORIDA AVENUE
TAMPA FL**

7. Name and Address of New Registered Agent

Name

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

3417 AMERIA AVENUE

City

TAMPA

FL

Zip Code

33629

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 \$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

TITLE	PT	<input type="checkbox"/> Delete
NAME	MCLEAN, WILLIAM C, JR	
STREET ADDRESS	707 FLORIDA AVE	
CITY-ST-ZIP	TAMPA-FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MCLEAN, JR. R D.	
STREET ADDRESS	204 N FRANKLIN ST., SUITE 2100	
CITY-ST-ZIP	TAMPA FL	
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		
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		
STREET ADDRESS	3417 ALMERIA AVENUE	
CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O FOLEY + LARDNER	
STREET ADDRESS	100 NORTH TAMPA STREET- SUITE 2700	
CITY-ST-ZIP	TAMPA, FL. 33602	
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		
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:

William C. McLean Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM C. MCLEAN, JR 4-26-01 (813) 254-2201

CR2E034 (10/00)