

2000 UNIFORM BUSINESS REPORT (UBR) •

DOCUMENT # S59521

1. Entity Name

PARC-MCCC, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90013 029 ***550.00

Principal Place of Business

Mailing Address

169 MARSHSIDE DR
ST. AUGUSTINE FL 32084
US

4314 PABLO OAKS CT
JACKSONVILLE FL 32224-9631
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3070242

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

PEDERSON, TANYA P
4314 PABLO OAKS CT
JACKSONVILLE FL 32224

Name: Tanya P. Edwards
Street Address (P.O. Box Number is Not Acceptable)

4314 Pablo Oaks Ct.

City: Jacksonville

FL

Zip Code: 32224

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

Tanya P. Edwards

Tanya P. Edwards Financial Officer 7/12/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	O'STEEN, ROGER M.	
STREET ADDRESS	7903 VINEYARD LAKE RD. N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARBOUR, GREGORY J.	
STREET ADDRESS	4314 PABLO OAKS CT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OWENS, LAUREN L	
STREET ADDRESS	4314 PABLO OAKS CT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEDERSON, TANYA P	
STREET ADDRESS	4314 PABLO OAKS CT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Tanya P	
STREET ADDRESS	4314 Pablo Oaks Ct.	
CITY-ST-ZIP	Jacksonville FL 32224	
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:

Tanya P. Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00

Date

Daytime Phone #

CR2E034 (9/99)