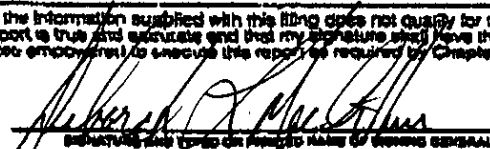


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90023 028 ***150.00

DOCUMENT # M92324			
1. Entity Name MacArthur Associates, Inc.			
Principal Place of Business MacArthur Associates Inc. 100 E. Madison St. Tampa, FL 33602		Mailing Address	
2. Principal Place of Business SAME		3. Mailing Address SAME	
4. City & State		5. City & State	
6. Zip		7. Zip	
Country		Country	
4. FBI Number 59-2908657		Applied For Not Applicable	
5. Certificate of Status Desired ☐		88.75 Additional Fee Required	
6. Name and Address of Current Registered Agent J. Bob Humphries 501 E. Kennedy Blvd. #1700 Tampa, FL 33602		7. Name and Address of New Registered Agent	
8. I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.		9. Capital Contributions as Shown on Record	
10. Amount of Capital Contributions in FLORIDA to date		11. MAKE CHECK PAYABLE TO DEPT. OF STATE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP Deborah L. MacArthur 4750 Dolphin Cay, Suite 503 St. Pete, FL 33711 DVST		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP J. Bob Humphries 501 E. Kennedy Blvd #1700 Tampa, FL 33602 AS		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP Deborah L. MacArthur 4750 Dolphin Cay, Suite 503 St. Pete, FL 33711 D		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the member or trustee empowered to execute this report as required by Chapter 650, Florida Statutes.			
SIGNATURE:  DATE: 4/22/00			