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 / Mailing Address
MacArthur Associates Inc.
100 E. Madison St.
Tampa, FL 33602

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2908657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 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
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 ______ DATE

9. Capital Contributions as Shown on Record.

10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE 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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
Deborah L. MacArthur 4750 Dolphin Cay, Suite 503 St. Pete, FL 33711 DVST	Street Address: City-St-Zip:
J. Bob Humphries 501 E. Kennedy Blvd #1700 Tampa, FL 33602 AS	Street Address: City-St-Zip:
Deborah L. MacArthur 4750 Dolphin Cay, Suite 503 St. Pete, FL 33711 D	Street Address: City-St-Zip:
	Street Address: City-St-Zip:
	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 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Deborah L. MacArthur 4/23/

Signature and typed or printed name of signing general partner — Date — Daytime Phone #