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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 606577

1. Entity Name

MCARTHUR HOLDINGS, INC.

Principal Place of Business	Mailing Address C/O CONTEMPORARY MANAGEMENT 5800 NORTHWEST 39TH AVENUE ≱104 GAINESVILLE FL 32606-6972 US		
C/O CONTEMPORARY MANAGEMENT 5800 NORTHWEST 39TH AVENUE #104 GAINESVILLE FL 32606 US			
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
		!	

FILED Jan 25, 2000 8:00 am Secretary of State

01-25-2000 90105 045 ***150.00

GAINESVILLE FL 32606 US		GAINESVILLE FL 32606-6972 US		})	(2)/ 6/6// 6/8// 6/	All 8/8/1 (88)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			(()
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
		City & State		4. FE	4. FEI Number 59-1879309		Applied For	
Zip	Country	Zip	Country	5. Ce	ertificate of Status Desired		\$8.75 Ac	
	6. Name and Address of Currer	nt Registered Agent			me and Address of New R	legistered	Agent	
			Name		ته موزاند در از م شدر مهونیس	~ ,	* <u></u> * .	Ya aper
ZSCHAU, JULIUS J 911 CHESTNUT STREET CLEARWATER FL 33756			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
			City			FI	Zip Coo	de
Tax filing r	Signature, typed or printed name of registered ageing partial or attion is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 2	TE: Registered Agent signature in [11] [11] FEE IS \$150.00 [10] Fee will be \$550. ble to Department of	.00	Election Campaign Fin Trust Fund Contribution			00 May Be
11.	OFFICERS AN	D DIRECTORS	12.	ADDI	ITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 11
TITLE NAMI STREET ADDRESS CITY-SI-ZIP	DP MCARTHUR, ROBERT J 39 BASSANO RD NORTH YORK, ONTARIO M2N	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAM! STREIT ADDRESS CITY-ST-ZIP	DST MCARTHUR, SHIRLEY I 39 BASSANO RD NORTH YORK, ONTARIO M2N	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete .	NAME STREET ADDRESS CITY-ST-ZIP		هيسون فالله ديارات استنبيران المهلان		☐ Change	Addition
TITLE NAME STREE ADDRESS CITY-5T-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP				☐ Change	Addition

CITY-ST-ZIP 13. 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 idicated 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 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 hanged, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME¹

STREE ADDRESS

STREEADDRESS

CITY-T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Defete

☐ Delete

Change

☐ Change

Addition

Addition