

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003689

1. Entity Name

ACADIA MGP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90111 007 ***150.00

Principal Place of Business

Mailing Address

201 MAIN STREET, SUITE 3100
FORT WORTH TX 76102

201 MAIN STREET, SUITE 3100
FORT WORTH TX 76102-3131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2425854

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

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE #2
TALLAHASSEE FL 32301

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

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, 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 PD ☐ Delete
NAME CRANDALL, J. T
STREET ADDRESS 201 MAIN STREET, SUITE 3100
CITY-ST-ZIP FORT WORTH TX 76102

TITLE VTS ☐ Change ☒ Addition
NAME GARY W. REESE
STREET ADDRESS 201 MAIN STREET, SUITE 2600
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE VST ☐ Delete
NAME COTHAM, W R
STREET ADDRESS 201 MAIN STREET, SUITE 2600
CITY-ST-ZIP FORT WORTH TX 76102

TITLE VS ☐ Change ☒ Addition
NAME CHARLES A IRWIN, JR
STREET ADDRESS 201 MAIN STREET, SUITE 1680
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE VASD ☐ Delete
NAME GRUBER, STEVEN G
STREET ADDRESS 65 EAST 55TH STREET, 32ND FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE VS ☐ Change ☒ Addition
NAME GLENN R. AUGUST
STREET ADDRESS 65 EAST 55TH STREET, 32ND FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☐ Delete
NAME DOCTOROFF, DANIEL L
STREET ADDRESS 65 EAST 55TH STREET, 32ND FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE VS ☐ Change ☒ Addition
NAME JOHN R. MOUNSKY
STREET ADDRESS 65 EAST 55TH STREET, 32ND FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

817.338.8391