

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90086 033 \*\*\*158.75

**DOCUMENT # M92324**

1. Entity Name

**MACARTHUR ASSOCIATES, INC.**

Principal Place of Business

**100 E. MADISON ST.  
TAMPA FL 33602**

Mailing Address

**100 E. MADISON ST.  
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**HUMPHRIES, J. BOB  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name  
**Geoffrey E. Anderson**  
Street Address (P.O. Box Number is Not Acceptable)  
**2502 W. Tyson Ave.**  
City **Tampa** FL Zip Code **33611**

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 **Geoffrey E. Anderson**

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

(Not for Registered Agent signature required when reinstating)

DATE

**4/22/02**

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, 2002 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

TITLE **DVST** ☐ Delete  
NAME **MACARTHUR, DEBORAH**  
STREET ADDRESS **4750 DOLPHIN CAY, STE 503**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE **AS** ☒ Delete  
NAME **HUMPHRIES, J. BOB**  
STREET ADDRESS **501 E KENNEDY BLVD 1700**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete  
NAME **MACARTHUR, DEBORAH**  
STREET ADDRESS **4750 DOLPIN CAY, SUITE 503**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVST** ☒ Change ☐ Addition  
NAME **macArthur, Deborah**  
STREET ADDRESS **100 E. madison St. #100**  
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **AS** ☐ Change ☐ Addition  
NAME **Geoffrey E Anderson**  
STREET ADDRESS **2502 West Tyson Ave**  
CITY-ST-ZIP **Tampa, Florida 33611**

TITLE **D** ☒ Change ☐ Addition  
NAME **macArthur, Deborah**  
STREET ADDRESS **100 E. madison St. #100**  
CITY-ST-ZIP **Tampa, FL 33602**

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

TITLE ☐ Change ☐ Addition  
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:

**Deborah A. MacArthur**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)