

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90048 042 \*\*\*\*61.25

0092137

**DOCUMENT # N28029**

1. Entity Name

**THE CLAN MAC ARTHUR SOCIETY, INC.**

Principal Place of Business  
**6105 11TH AVENUE**  
**MERIDIAN MS 39305-1220**  
**US**

Mailing Address  
**6105 11TH AVENUE**  
**MERIDIAN MS 39305-1220**  
**US**

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 **54-1195760**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUCKDESCHEL, CHRISTINE**  
**24479 AUDUBON DR**  
**BROOKSVILLE FL 34601**

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

*Christine Ruckdeschel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCARTHUR, RUSSEL	
STREET ADDRESS	6105 11TH AVENUE	
CITY-ST-ZIP	MERIDIAN MS 39305-1220	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEWART, SCOTT	
STREET ADDRESS	6418 CALLE ALKAID	
CITY-ST-ZIP	TUCSON AZ	
TITLE	ESD	<input type="checkbox"/> Delete
NAME	MCARTHUR, FAITH	
STREET ADDRESS	BOX 190	
CITY-ST-ZIP	PINEHURST NC	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	RUCKDESCHEL, CHRISTINE	
STREET ADDRESS	24479 AUDUBEN DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCARTHUR, SCOTT	
STREET ADDRESS	520 S. COLLEGE ST.	
CITY-ST-ZIP	MONMOUTH OR	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCARTHUR, RUDGER	
STREET ADDRESS	791 E. MORNINGSIDE DR.	
CITY-ST-ZIP	ST. GEORGE UT	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John H. McArthur	
STREET ADDRESS	5101 Willow Oak Dr.	
CITY-ST-ZIP	Lumberton, NC 28358	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Russel McArthur*

601-693-1100

2/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)