

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37875

1. Entity Name

MAC ACQUISITIONS, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90073 010 \*\*\*150.00

Principal Place of Business

24060 DEER RUN ROAD  
BROOKSVILLE FL 34601

Mailing Address

24060 DEER RUN ROAD  
BROOKSVILLE FL 34601-4548

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **06-1310494**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	TREGURTHA, PAUL R	
STREET ADDRESS	248 LONG NECK POINT RD	
CITY-ST-ZIP	DARIEN CT	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRONSON, THOMAS E.	
STREET ADDRESS	24060 DEER RUN RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKER, JAMES R	
STREET ADDRESS	180 LONG NECK POINT RD.	
CITY-ST-ZIP	DARIEN CT 06820	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERLING, MICHAEL J.	
STREET ADDRESS	298 BROOKSIDE ROAD	
CITY-ST-ZIP	DARIEN CT	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	LANGLOIS, ANDREW P.	
STREET ADDRESS	9 TOWER DRIVE	
CITY-ST-ZIP	WESTON CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM M	
STREET ADDRESS	RTE. 8, BOX 151	
CITY-ST-ZIP	SPARTA TN 38583	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Three Landmark Square
STREET ADDRESS	Stamford, CT 06901
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Three Landmark Square
STREET ADDRESS	Stamford, CT 06901
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	114 South Main Street
STREET ADDRESS	Sparta, TN 38583
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

, VP

3/3/00

Date

303-694-3000

Daytime Phone #

CR2E034 (9/99)