

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90027 044 \*\*\*150.00

0420488

**DOCUMENT # P37875**

1. Entity Name

**MAC ACQUISITIONS, INC.**

Principal Place of Business

**24060 DEER RUN ROAD  
 BROOKSVILLE FL 34601**

Mailing Address

**24060 DEER RUN ROAD  
 BROOKSVILLE FL 34601**

**C0043757**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2710 WYCLIFF ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**2710 WYCLIFF ROAD**

Suite, Apt. #, etc.

City & State

**RALEIGH, NC**

City & State

**RALEIGH, NC**

4. FEI Number

**06-1310494**

Applied For

Not Applicable

Zip

**27607-3033**

Country

**USA**

Zip

**27607-3033**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

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, 2001 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	3 LANMARK SQUARE	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	LANGLOIS, ANDREW P.	
STREET ADDRESS	3 LANDMARK SQUARE	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM M	
STREET ADDRESS	114 S MAIN ST	
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	ONE LANDMARK SQUARE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE LANDMARK SQUARE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jeffrey S. Schaffer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFREY S. SCHAFER  
 VICE PRESIDENT**

**4/3/01**  
 Date

**303-694-3030**  
 Daytime Phone #

CR2E034 (10/00)