

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**  
 02-08-2001 90371 031 \*\*\*158.75

**DOCUMENT # P96000045262**

1. Entity Name

**MACFARLANE & ASSOCIATES, INC.**

Principal Place of Business

**1377 SW WALNUT TERRACE  
 BOCA RATON FL 33486**

Mailing Address

**1377 SW WALNUT TERRACE  
 BOCA RATON FL 33486**

2. Principal Place of Business

**370 W. CAMINO GARDENS BLVD**

3. Mailing Address

**370 W. CAMINO GARDENS BLVD**

Suite, Apt. #, etc.

**300**

Suite, Apt. #, etc.

**300**

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

Zip

**33432**

Country

**USA**

Zip

**33432**

Country

**USA**

4. FEI Number

**65-0669710**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MACFARLANE, WILLIAM  
 1377 SW WALNUT TER  
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2600 S. OCEAN BLVD. 3-A**

City

**BOCA RATON**

FL

Zip Code

**33432**

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

**WILLIAM A MACFARLANE**

**1-30-01**

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	PD	<input type="checkbox"/> Delete
NAME	MACFARLANE, WILLIAM A	
STREET ADDRESS	1377 SW WALNUT TERR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MACFARLANE, SHARON	
STREET ADDRESS	1377 SW WALNUT TERR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2600 S. OCEAN BLVD 3-A	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2600 S. OCEAN BLVD 3-A	
CITY-ST-ZIP	BOCA RATON, FL 33432	
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		

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

**WILLIAM A. MACFARLANE**

**1-30-01**

Date

**561/393-6026**

Daytime Phone #

CR2E034 (10/00)