

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013591

1. Entity Name
CHRISTOPHER J. MACQUARRIE, P.A.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90042 040 ***150.00

Principal Place of Business

Mailing Address

~~409 SE FORT KING ST~~
~~OCALA FL 34471-0100~~
US

P.O. DRAWER 1088
OCALA FL 34478-1088

2. Principal Place of Business

5025 SE 14 PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip
34471

Country
MARION

Zip

Country

4. FEI Number 59-3424658

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

MACQUARRIE, CHRISTOPHER J

~~409 SE FORT KING ST~~
~~OCALA FL 34471-0100~~

Name

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

5025 SE 14 PLACE

City Ocala

FL 34471

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

Christopher J. Macquarrie President

2/20/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MACQUARRIE, CHRISTOPHER J
~~409 SE FORT KING ST~~
~~OCALA FL 34471~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5025 SE 14 PLACE
OCALA, FL 34471

☒ Change ☐ Addition

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☐ Change ☐ Addition

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

Christopher J. Macquarrie

Date

Daytime Phone #

2/20/01 352-351-8000

CR2E034 (10/00)