

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69976

1. Entity Name

MCARTHUR ENTERPRISES OF BREVARD, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90011 039 ***150.00

Principal Place of Business	Mailing Address
4000 OCEAN BCH. BLVD. APT. #5G COCOA BCH. FL 32931	4000 OCEAN BCH. BLVD. APT. #5G COCOA BCH. FL 32931-4105 US



DO NOT WRITE IN THIS SPACE

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	59-3145270	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCARTHUR, LAWRENCE B.
4000 OCEAN BCH. BLVD.
APT. #5G
COCOA BCH. FL 32931

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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	MCARTHUR, LAWRENCE B.	NAME	
STREET ADDRESS	4000 OCEAN BEACH BLVD-5G	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MCARTHUR, LAWRENCE B. JR	NAME	
STREET ADDRESS	29 ONDERDONK ROAD	STREET ADDRESS	
CITY-ST-ZIP	SCOTIA NE	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MCARTHUR, PAUL T	NAME	
STREET ADDRESS	74 SUMMIT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NE	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Lawrence B. McArthur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

407-783-1317

Daytime Phone #

CR2E034 (9/99)