## 2000 UNIFORM BUSINESS REPORT (UBR) $\mathtt{FILED}$ DOCUMENT # **748907** May 23, 2000 8:00 am Secretary of State ACACIA GARDENS, INC. 05-23-2000 90025 001 \*\*\*\*61.25 05-23-2000 90025 002 \*\*\*\*\*8.75 Mailing Address Principal Place of Business 140 TIMBERLANE DRIVE 140 TIMBERLANE DRIVE JUPITER FL 33458 JUPITER FL 33458-7707 2. Principal Place of Business 3. Mailing Address 140 TIMBERLINE DRIVE 140 TIMBEALINE DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number FLORIDA NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GANNIS Street Address (P.O. Box Number is Not Acceptable) GANNIS, DAVID 140 TIMBERLANE DRIVE Timberline JUPITER FL 33458 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PDTD ☐ Delete TITLE PDTD TITLE NAME GANNIS, DAVID NAME Gannis, David 140 Timberline DRIVE STREET ADDRESS STREET ADDRESS 140 TIMBERLANE DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change ☐ Addition TITLE VDSD ☐ Delete TITLE VINHO, IDELLA NAME NAME STREET ADDRESS STREET ADDRESS 1752 ARDLEY PL CITY-ST-ZIP N PLAM BEACH FL 33458 ☐ Delete TITLE Change ☐ Addition TITLE D NAME NAME CONLAN, ALAN STREET ADDRESS STREET ADDRESS 3816 92ND LANE N CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL 33404 ☐ Change Addition TITLE ☐ Delete TITLE CAROL GREEN NAME 118TH TRAIL NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 33478 CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. GANNIS

4-30-00

(561) 575-7136

Daytime Phone #