2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # **N12277**

1. Entity Name
THE JACKSONVILLE CHAPTER OF ACRE, INC.

Principal Place of Business	Mailing Address
3535 WHALERS WAY	14185 BEACH BLVD
	STE 13
JACKSONVILLE FL	JACKSONVILLE FL
32257 US	32257 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2635848** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORLANDO PETER J
3535 WHALERS WAY

JACKSONVILLE FL
32257 US

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 _____ **04/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☒ Change	☐ Addition
TITLE	VPD		TITLE	VPD	
NAME	DUCE STEVE		NAME	LYON CHUCK	
STREET ADDRESS	3535 WHOLERS WAY		STREET ADDRESS	3535 WHALERS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	SD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	SMITH L		NAME	MILLION TANYA	
STREET ADDRESS	7415 N TINTON CIR		STREET ADDRESS	3535 WHALERS WAY	
CITY-ST-ZIP	JAX FL 32244		CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	TD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	ORLANDO PETE		NAME	ORLANDO PETE	
STREET ADDRESS	3535 WHOLERS WAY		STREET ADDRESS	3535 WHALERS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	NAPIER GENE		NAME	DUCE STEVE	
STREET ADDRESS	3535 WHOLERS WAY		STREET ADDRESS	3535 WHALERS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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.

SIGNATURE: PETE ORLANDO TD 04/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #