

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 185957

1. Entity Name

FLORAL ACRES, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90124 001 \*\*\*300.00

Principal Place of Business

Mailing Address

6250 WEST ATLANTIC AVENUE  
 DELRAY BEACH FL 33484-0599

6250 WEST ATLANTIC AVENUE  
 DELRAY BEACH FLA 33454-0939

2. Principal Place of Business

3. Mailing Address

855 North 62 Dr  
 Suite, Apt. #, etc.

P.O. Box 540939  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach

City & State

Lake Worth

4. FEI Number

59-0745557

Applied For

Not Applicable

Zip

33413

Country

Palm Bch

Zip

33454

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSACKER JR, ARTHUR  
 14281 GALLAGHER RD.  
 DELRAY BEACH FL 33444

Name

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

18 VIA LAGO

BOYNTON BEACH

City

FL

Zip Code

33435

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROSACKER JR, ARTHUR 14281 GALLAGHER ROAD DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSACKER, BARBARA 14281 GALLAGHER RD DELRAY BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSCHESCHLOK, GUENTER 218 NE 1ST AVE DELRAY BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSACKER, ARTHUR III 310 NW 18TH STREET DELRAY BEACH FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSACKER, PATRICK R. 6570 WAVERLY LANE LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Arthur Rosacker Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-00 561 712 4774

Date

Daytime Phone #

CR2E034 (9/99)