

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

R.E. ACRES, INC.

669626

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90017 004 ***150.00

Principal Place of Business

4520 S.W. 21ST PL.
CAPE CORAL, FL.
33914

Mailing Address

SAME

2. Principal Place of Business

4520 S.W. 21ST PL.
Suite, Apt. #, etc. P.H.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL.

City & State

Zip

33914

Country

Lee

Zip

Country

4. FEI Number

59-1998686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00058440

6. Name and Address of Current Registered Agent

PHYLLIS RAIMONE
4520 S.W. 21ST PL.
CAPE CORAL, FL.
33914

7. Name and Address of New Registered Agent

Name SABATO J. RAIMONE

Street Address (P.O. Box Number is Not Acceptable)
4520 S.W. 21ST PL.

City CAPE CORAL, FL.

FL

Zip Code

33914

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

Phyllis A. Raimone

(NOTE: Registered Agent signature required when reinstating)

5-16-00

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

TITLE	PHYLLIS A. RAIMONE	<input type="checkbox"/> Delete
NAME	(PREVIOUS PRESIDENT)	
STREET ADDRESS	4520 S.W. 21 ST PL.	
CITY-ST-ZIP	CAPE CORAL, FL. 33914	
TITLE	SABATO J. RAIMONE	<input type="checkbox"/> Delete
NAME	(NEW PRESIDENT)	
STREET ADDRESS	4520 S.W. 21 ST PL.	
CITY-ST-ZIP	CAPE CORAL, FL. 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

Phyllis A. Raimone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PHYLLIS A. RAIMONE - 5-16-00 (941) 542-8600

CR2E034 (9/99)