

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000594**

1. Entity Name

ACI INCOME FUND, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 12 PM 2:11



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

Mailing Address
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803-4647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3239203**

Applied For
Not Applicable

Zip Country

Zip Country

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

SCHRIMSHER, J. STEVEN
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

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. Capital Contributions as Shown on record. **\$8,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **8,300,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # ~~094118900037~~ **6990479 00017**
NAME **ACI**
STREET ADDRESS **600 EAST COLONIAL DRIVE, SUITE 100**
CITY - ST - ZIP **ORLANDO FL 32803**

STREET ADDRESS
CITY - ST - ZIP **800003251938-3**
-05/15/00--01025--003
******526.25 ****526.25**

DOCUMENT #
NAME
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CITY - ST - ZIP

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STREET ADDRESS **FF \$526.25**
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** Steven Schrimsher 4/10/00 (407) 423-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #