

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004248

1. Entity Name

ACA REALTY HOLDINGS INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90016 022 \*\*\*550.00

Principal Place of Business

6713 DRIFTING SANDS RD  
TEMPLE TERRACE FL 33617  
US

Mailing Address

6713 DRIFTING SANDS RD  
TEMPLE TERRACE FL 33617  
US



11407 Tullamore Pl.  
Temple Terrace, FL 33617

11407 Tullamore Pl.  
Temple Terrace, FL 33617

DO NOT WRITE IN THIS SPACE

FEI Number

NOT APPLICABLE

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

GIAMBALVO, JOSEPH  
6713 DRIFTING SANDS RD  
TEMPLE TERRACE FL 33617

Name

Street Address

11407 Tullamore Pl.  
Temple Terrace, FL 33617

City

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

*Joseph M Giambalvo*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
DCPS  
GIAMBALVO, JOSEPH M  
6713 DRIFTING SANDS RD  
TEMPLE TERRACE FL 33617 ☐ Delete

TITLE  
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CITY-ST-ZIP  
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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:

*Joseph M Giambalvo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sept 7, 2000* Date  
*813 980-3483* Daytime Phone #

CR2E034 (5/00)