

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002815

1. Entity Name
ACOSTA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90033 017 ***150.00

Principal Place of Business
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216

Mailing Address
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216

2. Principal Place of Business

6630 Southpoint Pkwy

Suite, Apt. #, etc.

3. Mailing Address

6630 Southpoint Pkwy

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number 59-3522052

Applied For

Not Applicable

Zip
32216

Country
USA

Zip
32216

Country
USA

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2001 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 C ☐ Delete
NAME CHARTRAND, GARY
STREET ADDRESS 6850 BELFORT OAKS PLACE
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE CCEO ☒ Change ☐ Addition
NAME Chartrand, Gary R.
STREET ADDRESS 6630 Southpoint Pkwy
CITY-ST-ZIP Jacksonville, FL 32216

TITLE VPD ☐ Delete
NAME HILL, ROBERT
STREET ADDRESS 6850 BELFORT OAKS PLACE
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VPD ☒ Change ☐ Addition
NAME Hill, Robert Jr.
STREET ADDRESS 6630 Southpoint Pkwy
CITY-ST-ZIP Jacksonville, FL 32216

TITLE PD ☐ Delete
NAME MCCARTHY, BOB
STREET ADDRESS 6850 BELFORT OAKS PLACE
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE PD ☒ Change ☐ Addition
NAME McCarthy, Robert F. Jr.
STREET ADDRESS 6630 Southpoint Pkwy
CITY-ST-ZIP Jacksonville, FL 32216

TITLE VPD ☐ Delete
NAME WATKINS, JOHN
STREET ADDRESS 6850 BELFORT OAKS PLACE
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VPD ☒ Change ☐ Addition
NAME Watkins, John
STREET ADDRESS 6630 Southpoint Pkwy
CITY-ST-ZIP Jacksonville, FL 32216

TITLE VP ☐ Delete
NAME NIST, RICK
STREET ADDRESS 6850 BELFORT OAKS PLACE
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VPD ☐ Change ☒ Addition
NAME McLung, Roger L.
STREET ADDRESS 6630 Southpoint Pkwy
CITY-ST-ZIP Jacksonville, FL 32216

TITLE S ☒ Delete
NAME MCCLUNG, ROGER L
STREET ADDRESS 6850 BELFORT OAKS PL
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE Controller ☐ Change ☒ Addition
NAME Ramsey, Sandra
STREET ADDRESS 6630 Southpoint Pkwy
CITY-ST-ZIP Jacksonville, FL 32216

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 904-281-9800

Date

Daytime Phone #

CR2E034 (10/00)