

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J85862

1. Entity Name

ACORE, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90157 001 \*\*\*317.50

Principal Place of Business

3335 N. MAIN TERRACE  
~~R. O. BOX 2081~~  
GAINESVILLE FL 32609

Mailing Address

PO BOX DRAWER 2280  
GAINESVILLE FL 32609

2. Principal Place of Business

3335 N. Main Terr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32609

Country

City & State

Gainesville, FL

Zip

32602-2280

Country

4. FEI Number

59-2864224

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, JOHN N  
3335 N. MAIN TERRACE  
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

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, 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	S	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JOYCE C	
STREET ADDRESS	RT 5 BOX 7079	
CITY-ST-ZIP	STARKE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KOTAIT, MICHAEL M	
STREET ADDRESS	3335 N. MAIN TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32609-2301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, DONALD R.	
STREET ADDRESS	RT 5 BOX 7079	
CITY-ST-ZIP	STARKE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, WILLIAM D.	
STREET ADDRESS	154 PELICAN REEF DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRICKLAND, JOHN N	
STREET ADDRESS	7618 NW 36TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HURN, MARK T	
STREET ADDRESS	3629 NE 159 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32609	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

1/10/00

Date

352-378-0712

Daytime Phone #

CR2E034 (9/99)