## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

## May 20, 2002 8:00 am Secretary of State DOCUMENT # J85862 1. Entity Name 05-20-2002 90068 039 \*\*\*158.75 ACORE, INC. Mailing Address Principal Place of Business PO BOX DRAWER 2280 3335 N. MAIN TERRACE GAINESVILLE FL 32603 P. O. BOX 2081 GAINESVILLE FL 32609 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2864224 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Zip Fee Required. -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent → Name Street Address (P.O. Box Number is Not Acceptable) STRICKLAND, JOHN N 3335 N. MAIN TERRACE **GAINESVILLE FL 32609** Zip Code City Fl 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME THOMPSON, WILLIAM D. STREET ADDRESS STREET ADDRESS 154 PELICAN REEF DRIVE CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STRICKLAND, JOHN N STREET ADDRESS STREET ADDRESS 7618 NW 36TH AVE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME HURN, MARK T STREET ADDRESS STREET ADDRESS 3629 NE 159 PLACE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32609 Change ☐ Addition TITLE · Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or block 12 if the composition of the corporation of the receiver or trustee empowered as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED