

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90068 039 ***158.75

DOCUMENT # J85862

1. Entity Name

ACORE, INC.

Principal Place of Business

**3335 N. MAIN TERRACE
P. O. BOX 2081
GAINESVILLE FL 32609**

Mailing Address

**PO BOX DRAWER 2280
GAINESVILLE FL 32603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D THOMPSON, WILLIAM D. 154 PELICAN REEF DRIVE ST AUGUSTINE FL	☐		
PD STRICKLAND, JOHN N 7818 NW 36TH AVE GAINESVILLE FL 32606	☐		
SD HURN, MARK T 3629 NE 159 PLACE GAINESVILLE FL 32609	☐		
	☐		
	☐		
	☐		
	☐		

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

Date

Daytime Phone #

4/25/02 352-328-0712

CR2E034 (9/01)