

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2002 8:00 am
Secretary of State

08-22-2002 90002 047 ***550.00

DOCUMENT # K52853

1. Entity Name
ACP OF SARASOTA, INC.

Principal Place of Business

% GERALD C. SIMMONS
 225 AVANT AVENUE
 SARASOTA FL 34232

Mailing Address

% GERALD C. SIMMONS
 225 AVANT AVENUE
 SARASOTA FL 34232

2. Principal Place of Business

225 Avant Ave

Suite, Apt. #, etc.

3. Mailing Address

225 Avant Ave

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number **59-2927583**

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34232

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SIMMONS, GERALD C.
225 AVANT AVENUE
SARASOTA FL 34232

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee 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

TITLE **PD** ☐ Delete
 NAME **SIMMONS, GERALD C.**
 STREET ADDRESS **225 AVANT AVENUE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ Delete
 NAME **SIMMONS, VICK A.**
 STREET ADDRESS **225 AVANT AVENUE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VPD** ☐ Delete
 NAME **SIMMONS, JUDITH M.**
 STREET ADDRESS **225 AVANT AVENUE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ Delete
 NAME **SIMMONS, RICK B.**
 STREET ADDRESS **225 AVANT AVENUE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

8/19/02

941-371-4366

CR2E034 (4/02)