

2001 UNIFORM BUSINESS REPORT (UBR)

0024454 AF

DOCUMENT # L00000007256

1. Entity Name

ACN ENTERPRISES, LC.

FILED

01 JAN 17 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

618 NE 1ST STREET
GAINESVILLE FL 32601

Mailing Address

618 NE 1ST STREET
GAINESVILLE FL 32601

2. Principal Place of Business

3606 NW 61ST Place

3. Mailing Address

3606 NW 61ST Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

Country

32653 US

Zip

Country

32653 US

4. FEI Number

59-3654146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M
618 NE 1ST STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name Ronald C. Neder
Street Address (P.O. Box Number is Not Acceptable)
3606 NW 61ST Place
City Gainesville FL Zip Code 32653

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

RCN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MANAGER Ronald C. Neder
STREET ADDRESS 3606 NW 61ST Place
CITY-ST-ZIP Gainesville FL 32653

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003574998--7
CITY-ST-ZIP -01/25/01--01080--019
*****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

RCN REQUIRED

1-15-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)