

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90021 023 ***150.00

DOCUMENT # L38633

1. Entity Name
ACACIA HISTORICAL ARTS INTERNATIONAL, INC.

Principal Place of Business Mailing Address
2358 S. OCEAN BLVD. % LINDA K. JOHNSON CPA. P.A. /
HIGHLAND BCH FL 33487 600 W HILLSBORO BLVD SUITE 510
US DEERFIELD BEACH FL 33441

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 **65-0167373** 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

JOHNSON, LINDA
600 W HILLSBORO BLVD
SUITE 510
DEERFIELD BEACH FL 33441

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	GREENE, CARROLL	
STREET ADDRESS	532 E STATE ST	
CITY-ST-ZIP	SAVANNAH GA 31401	
TITLE	D	<input type="checkbox"/> Delete
NAME	INCE, PETER C.	
STREET ADDRESS	1465 N OCEAN BLVD	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	CDV	<input type="checkbox"/> Delete
NAME	HERTEL, GEORGE S	
STREET ADDRESS	1160 INGLEDRESS DR	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'ROURKE, MICHAEL	
STREET ADDRESS	1337 SW 2ND ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC ALLISTER, JANE	
STREET ADDRESS	1081 NW 13TH CT #1	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERTEL, MARILYN	
STREET ADDRESS	1160 INGLEDRESS DR	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERTEL, CHARLES R.	
STREET ADDRESS	4579 SETTLES BRIDGE ROAD	
CITY-ST-ZIP	SUWANNE, GA 30174	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT, BERNARD JOSEPH	
STREET ADDRESS	2878 NW 24TH WAY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDDRINGTON, THOMAS	
STREET ADDRESS	14476 REUTER STRASSE CR, UNIT 2	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REID, CHRISTOPHER	
STREET ADDRESS	2530 INDIAN LAUREL ROAD	
CITY-ST-ZIP	CHARLOTTESVILLE, VA 22911	
TITLE		<input 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

GEORGE S HERTEL

2/10/2001

Date

804-293-1281

Daytime Phone #

CR2E034 (10/00)