

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0383272 AV

DOCUMENT # L38633

1. Entity Name
ACACIA HISTORICAL ARTS INTERNATIONAL, INC.

03-03-2002 90063 050 ***150.00

Principal Place of Business
2358 S. OCEAN BLVD.
HIGHLAND BCH FL 33487
US

Mailing Address
% LINDA K. JOHNSON CPA.
600 W HILLSBORO BLVD SUITE 510
DEERFIELD BEACH FL 33441



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0167373**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **GREENE, CARROLL**
 CITY-ST-ZIP **532 E STATE ST SAVANNAH GA 31401**

TITLE ☒ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **HERTEL, CHARLES R.**
 CITY-ST-ZIP **4579 SETTLES BRIDGE ROAD SUWANNE, GA 30174**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **INCE, PETER C.**
 CITY-ST-ZIP **1465 N OCEAN BLVD GULFSTREAM FL 33483**

TITLE ☐ Change ☒ Addition
 NAME **P**
 STREET ADDRESS **VINCENT, BERNARD JOSEPH**
 CITY-ST-ZIP **1064 HIGH ROCK RD. RAPHAINE, VA 24472**

TITLE ☐ Delete
 NAME **CDV**
 STREET ADDRESS **HERTEL, GEORGE S**
 CITY-ST-ZIP **1160 INGLEDRESS DR CHARLOTTESVILLE VA 22901**

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **EDDRINGTON, THOMAS**
 CITY-ST-ZIP **14476 REUTER STRASSE CR, UNIT 2 TAMPA, FL 33613**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **O'ROURKE, MICHAEL**
 CITY-ST-ZIP **1337 SW 2ND ST BOCA RATON FL**

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **REID, CHRISTOPHER**
 CITY-ST-ZIP **2530 INDIAN LAUREL ROAD CHARLOTTESVILLE, VA 22911**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MC ALLISTER, JANE**
 CITY-ST-ZIP **1081 NW 13TH CT #1 BOCA RATON FL 33486**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HERTEL, MARILYN**
 CITY-ST-ZIP **1160 INGLEDRESS DR CHARLOTTESVILLE VA 22901**

TITLE ☐ Change ☐ 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 of George S. Hertel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE S. HERTEL

2/4/02
 Date

434-293-1281
 Daytime Phone #

CR2E034 (9/01)