

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M83670**

1. Entity Name

ACORN PROPERTIES, INC.**FILED**
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90170 003 ***150.00

Principal Place of Business

Mailing Address

% MARGARET GREENLEE
9000 SW 19TH AVE RD
OCALA FL 34476
US% MARGARET GREENLEE
9000 SW 19TH AVE RD
OCALA FL 34476-7529
US

2. Principal Place of Business

% MARGARET GREENLEE

3. Mailing Address

% MARGARET GREENLEE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9030 SW 19TH AVE RD

9030 SW 19TH AVE RD

City & State

City & State

OCALA FL

OCALA FL

Zip

Country

Zip

Country

34476

US

34476-7529

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2897606

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

GREENLEE, MARGARET
9000 SW 19TH AVENUE RD
OCALA FL 34476

Name

GREENLEE, MARGARET

Street Address (P.O. Box Number is Not Acceptable)

9030 SW 19TH AVENUE RD

City

OCALA

FL

Zip Code
34476

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
DPS
GREENLEE, MARGARET
9000 SW 19TH AVE RD
OCALA FL 34476 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
GREENLEE, MARGARET
9030 SW 19TH AVE RD
OCALA FL 34476 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:*Margaret Greenlee* MARGARET GREENLEE 1/24/00 352-237-3782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #