2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
01-25-2001 90151 012 ****61.25

DOCUMENT # N00000003340

1. Entity Name
AACTS, INC.

Principal Place of Business	Mailing Address
C/O MIKE BASILE 1307 DOVE DRIVE ORLANDO FL 32803-3024	C/O MIKE BASILE 1307 DOVE DRIVE ORLANDO FL 32803-3024

2. Principal Place of Business	3. Mailing Address
N/A	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ 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
HABER, LAWRENCE H 111 NORTH ORANGE AVE STE 1200 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable): 931 JASMINE STREET City: CELEBRATION, FL. FL Zip Code: 34747

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 date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRESIDENT / P (D) ☐ Delete	TITLE	M.A.L. ☐ Change ☐ Addition
NAME	MIKE BASILE	NAME	DIAN PETERSON
STREET ADDRESS	1307 DOVE DR	STREET ADDRESS	10600 BLOOMFIELD DRIVE (#1711)
CITY-ST-ZIP	ORL. FL. 32803-3024	CITY-ST-ZIP	ORL. FL. 32825
TITLE	VICE PRESIDENT / E.V.P. (D) ☐ Delete	TITLE	M.A.L. ☐ Change ☐ Addition
NAME	MIKE IHNAT	NAME	JOHN RICE
STREET ADDRESS	5756 KINGSGATE DRIVE (APT C)	STREET ADDRESS	6901 VON BAMPUS DR.
CITY-ST-ZIP	ORL. FL. 32809	CITY-ST-ZIP	ORL. FL. 32809
TITLE	VICE PRESIDENT V. (D) ☐ Delete	TITLE	M.A.L. ☐ Change ☐ Addition
NAME	JOHN MOFFITT	NAME	ANGELA CROSSAW
STREET ADDRESS	773 SILVERWOOD DR	STREET ADDRESS	800 STETSON STREET
CITY-ST-ZIP	LAKE MARY, FL. 32746	CITY-ST-ZIP	ORL. FL. 32804
TITLE	SECRETARY S. ☐ Delete	TITLE	M.A.L. ☐ Change ☐ Addition
NAME	KATHERINE GRACE	NAME	RANDAL MILLER
STREET ADDRESS	3700 CURRYFORD RD (APT Z-7)	STREET ADDRESS	7108 TIMBER RIVER CIRCLE
CITY-ST-ZIP	ORL. FL. 32806	CITY-ST-ZIP	ORL. FL. 32807
TITLE	TREASURER T. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLIE IHNAT	NAME	
STREET ADDRESS	5756 KINGSGATE DR (APT C)	STREET ADDRESS	
CITY-ST-ZIP	ORL. FL. 32809	CITY-ST-ZIP	
TITLE	MEMBER-AT-LARGE / M.A.L. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANNIE KIDWELL	NAME	
STREET ADDRESS	4808 MYRTLE BAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORL FL. 32829-8700	CITY-ST-ZIP	

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED MICHAEL L. BASILE 1/ /2001 407-894-5178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #