

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90196 033 ****61.25

DOCUMENT # N02000002371

1. Entity Name

AACE - FLORIDA STATE CHAPTER, INC.



Principal Place of Business

Mailing Address

**4369 TAMiami TR. STE 100
CHARLOTTE HARBOR FL 33980**

**4369 TAMiami TR. STE 100
CHARLOTTE HARBOR FL 33980**

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

04-3610146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RILEY-WALLACE, MARCIA
4369 TAMiami TR, STE 100
CHARLOTTE HARBOR FL 33980**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

M. R. Wallace

4/29/03

Signature, typed or printed name of registered agent and title 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RILEY-WALLACE, MARCIA**
STREET ADDRESS **4369 TAMiami TR, STE 100**
CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

TITLE **D** ☐ Delete
NAME **JANICK, JOHN J. M.D.**
STREET ADDRESS **4369 TAMiami TR, STE 100**
CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

TITLE **D** ☐ Delete
NAME **ROBERTS, VICTOR L M.D.**
STREET ADDRESS **100 W GORE ST #600**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **CONSTANT, ROBERT M.D.**
STREET ADDRESS **1200 E HILLCREST ST 2ND FLOOR**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P** ☒ Change ☐ Addition
NAME **John J. Janick, M.D.**
STREET ADDRESS **4369 Tamiami TR #100**
CITY-ST-ZIP **Charlotte Harbor, FL 33980**

TITLE **VP** ☒ Change ☐ Addition
NAME **VICTOR L Roberts, MD**
STREET ADDRESS **100 W Gore St. #600**
CITY-ST-ZIP **Orlando, FL 32806**

TITLE **VP** ☒ Change ☐ Addition
NAME **Robert Constant, MD**
STREET ADDRESS **1200 E Hillcrest St. 2nd FL**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **S** ☐ Change ☐ Addition
NAME **Carlos Pacheco, MD**
STREET ADDRESS **635 Maitland**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Change ☐ Addition
NAME **T Penny Glickman MD**
STREET ADDRESS **635 Maitland**
CITY-ST-ZIP **Maitland, FL 32751**

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:

M. R. Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 941-629-3366

Date Daytime Phone #

CR2E037 (10/02)