

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90141 035 ****61.25

DOCUMENT # N45471

1. Entity Name
ADVANCED COMMUNITY EFFORTS FUNRAISERS INC.

Principal Place of Business P. O. BOX 353811 PALM COAST FL 32135 US	Mailing Address P. O. BOX 353811 PALM COAST FL 32135-3811 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-2980801	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BENTLY, ROBERT
1309 WICKLOW LANE
ORMOND BEACH FL 32174

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.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE **4/10/00**

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	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME FISCHER, CHERYL	
STREET ADDRESS 148 BAYSIDEDOR	
CITY-ST-ZIP PALM COAST FL 32137	
TITLE VD	<input type="checkbox"/> Delete
NAME BENTLY, SANDY	
STREET ADDRESS 1309 WICKLOW LANE	
CITY-ST-ZIP ORMOND BEACH FL 32174	
TITLE VD	<input type="checkbox"/> Delete
NAME VINNICK, BRUCE	
STREET ADDRESS 10 CORAL REEF CT N #B	
CITY-ST-ZIP PALM COAST FL 32137	
TITLE TD	<input type="checkbox"/> Delete
NAME BRAMMER, CARA	
STREET ADDRESS 5 BILTWELL PLACE	
CITY-ST-ZIP PALM COAST FL 32137	
TITLE VD	<input type="checkbox"/> Delete
NAME WATCHER, JOHN	
STREET ADDRESS 2 COMMERCE BLVD	
CITY-ST-ZIP PALM COAST FL 32164	
TITLE SD	<input type="checkbox"/> Delete
NAME MATHENN-HEIN, THEA	
STREET ADDRESS 2 AIRPORT RD	
CITY-ST-ZIP BUNNELL FL 32110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Silberman, Benjamin	
STREET ADDRESS 59 Wellington Drive	
CITY-ST-ZIP Palm Coast, FL 32164	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Cara Brammer - TD** 4/10/00 904-445-6597
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)