

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45471

1. Entity Name

ADVANCED COMMUNITY EFFORTS FUNRAISERS INC.

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

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

Principal Place of Business

Mailing Address

P. O. BOX 353811
PALM COAST FL 32135
US

P. O. BOX 353811
PALM COAST FL 32135-3811
US

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

59-2980801

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

BENTLY, ROBERT
1309 WICKLOW LANE
ORMOND BEACH FL 32174

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, CHERYL	
STREET ADDRESS	148 BAYSIDEDR	
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 BILTWEEL 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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)