

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002334

1. Entity Name

FBACC, INC.

Principal Place of Business

17129 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

Mailing Address

17129 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33764-7503

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

59-3385395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUGHTON, RICHARD
4325 RIDGEMOOR DR N
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name GOLDONI, FRANK

Street Address (P.O. Box Number is Not Acceptable)
1597 VIRGINIA AVENUE

City PALM HARBOR FL Zip Code 34683

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

DIRECTOR

3-8-2000

(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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOUGHTON, RICHARD	
STREET ADDRESS	4325 RIDGEMOOR DR N	
CITY - ST - ZIP	PALM HARBOR FL 34685	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	DECARLO, RICKY	
STREET ADDRESS	2860 DENMARSH CT	
CITY - ST - ZIP	PALM HARBOR FL 34684	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RASKIN, PHIL	
STREET ADDRESS	746 COUNTRYSHIRE LANE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KETCHAM, ED	
STREET ADDRESS	1463 DINNERBELL LN	
CITY - ST - ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDONI, FRANK	
STREET ADDRESS	1597 VIRGINIA AVE	
CITY - ST - ZIP	PALM HARBOR, FL 34683	
TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, RICHARD	
STREET ADDRESS	1922 WHITNEY WAY	
CITY - ST - ZIP	CLEARWATER, FL 33760	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, JAMES	
STREET ADDRESS	644 CHANNING DRIVE	
CITY - ST - ZIP	PALM HARBOR, FL 34684	
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:

JAMES A. HANNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. HANNA 2/19/2000 (727) 771-6529

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90078 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)