

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001116

1. Entity Name

THE ATLANTIC COAST LIVERY ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90103 038 ****61.25

Principal Place of Business

Mailing Address

1061 JAMAICA ROAD EAST
JACKSONVILLE FL 32216

11463 SAINTS RD
JAX FL 32246
US

2. Principal Place of Business

3. Mailing Address

Same as above

Suite, Apt. #, etc.

10220 New Berlin Rd

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville FL

Zip

Country

Zip

Country

32226 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3506757

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

THOMPSON, SALLY JOANNE
1061 JAMAICA ROAD EAST
JACKSONVILLE FL 32216

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 ☐ Delete
NAME SMITH, CRAIG F
STREET ADDRESS 11463 SAINTS RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☒ Change ☐ Addition
NAME Thompson, Sally
STREET ADDRESS 10220 New Berlin Rd Suite 100
CITY-ST-ZIP Jacksonville FL 32226

TITLE VD ☐ Delete
NAME BRANHAM, GLENN
STREET ADDRESS 1565 AIRPORT RD
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE VD ☒ Change ☐ Addition
NAME Laurie Castle
STREET ADDRESS 5 Flamingo Drive
CITY-ST-ZIP St Augustine FL 32084

TITLE TD ☐ Delete
NAME THOMPSON, SALLY
STREET ADDRESS 1130A ROGERO RD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE TD ☒ Change ☐ Addition
NAME Glenn Branham
STREET ADDRESS 11463 Saints Rd
CITY-ST-ZIP Jacksonville FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sally J Thompson

Date

Daytime Phone #

CR2E037 (9/99)