

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001110

1. Entity Name

ACL STATION MUSEUM, INC.

(R)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90041 044 ****61.25

Principal Place of Business

2307 FAIRWAY LANE
SEBRING FL 33872

Mailing Address

2307 FAIRWAY LANE
SEBRING FL 33872

2. Principal Place of Business

c/o 1981 U.S. 27 South

3. Mailing Address

1981 U.S. 27 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FLORIDA

City & State

SEBRING, FLORIDA

Zip

33870

Country

U.S.A.

Zip

33870

Country

U.S.A.

4. FEI Number

65-0859654

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ANDREW B
150 NORTH COMMERCE AVE.
SEBRING FL 33871

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

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
After September 13, 2000 min. will be \$236.25

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: TD
NAME: BOLEY, MARIE
STREET ADDRESS: 1249 LAKESIDE DRIVE
CITY-ST-ZIP: LORIDA FL 33857 ☐ Delete

TITLE: D
NAME: DAVIS, RUTH K
STREET ADDRESS: 667 S.E. LAKEVIEW DR.
CITY-ST-ZIP: SEBRING FL 33870 ☐ Delete

TITLE: SD
NAME: GANGWISH, ROBERT V
STREET ADDRESS: 1704 SOUTH LAKE REEDY BLVD.
CITY-ST-ZIP: FROSTPROOF FL 33843 ☒ Delete

TITLE: D
NAME: JACKSON, ANDREW B
STREET ADDRESS: 318 N.W. LAKEVIEW DR.
CITY-ST-ZIP: SEBRING FL 33870 ☐ Delete

TITLE: D
NAME: KALTZ, ANDREW L
STREET ADDRESS: 2723 S. WINDING WATERS DR.
CITY-ST-ZIP: AVON PARK FL 33825 ☒ Delete

TITLE: VD
NAME: PUCKETT, GARY G
STREET ADDRESS: 4706 SANTA BARBARA DR.
CITY-ST-ZIP: SEBRING FL 33872 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: (same) ☐ Change ☐ Addition

TITLE: D P
NAME: DAVIS, RUTH K.
STREET ADDRESS: 667 S.E. LAKEVIEW DR.
CITY-ST-ZIP: SEBRING, FL 33870 ☐ Change ☐ Addition **Amend**

TITLE: D S
NAME: MCGLOIN, FRANCES
STREET ADDRESS: 3129 E. PEEBLE CREEK DR.
CITY-ST-ZIP: AVON PARM, FL 33825 ☐ Change ☒ Addition

TITLE: (same) ☐ Change ☐ Addition

TITLE: D VP
NAME: WHITLOCK, BUD
STREET ADDRESS: 108 North Circle
CITY-ST-ZIP: SEBRING, FL 33870 ☐ Change ☒ Addition

TITLE: D
NAME: WALKER, ELIZABETH
STREET ADDRESS: 402 OAK AVENUE
CITY-ST-ZIP: SEBRING, FL 33870 ☐ Change ☒ Addition

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 #

9-17-2000

CR2E037 (5/00)