

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001110

1. Entity Name

ACL STATION MUSEUM, INC.

Principal Place of Business

1981 U.S 27 SOUTH
SEBRING FL 33870
US

Mailing Address

1981 U.S 27 SOUTH
SEBRING FL 33870
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

65-0859654

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

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

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

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

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

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

TITLE
NAME DS
STREET ADDRESS MCGLOIN, FRANCES
CITY-ST-ZIP 3129 E PEEBLE CREEK DR
AVON PARK FL 33825 ☐ Delete

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

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

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

TITLE
NAME DVP
STREET ADDRESS WHITLOCK, BUD
CITY-ST-ZIP 108 NORTH CIRCLE
SEBRING FL 33870 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS WALKER, ELIZABETH
CITY-ST-ZIP 402 OAK AVE
SEBRING FL 33870 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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

4/19/01 (863)382-2000

Date

Daytime Phone #

CR2E037 (10/00)

0083019

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90142 019 *****61.25



DO NOT WRITE IN THIS SPACE