

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90185 015 ***150.00

DOCUMENT # P00000048842

1. Entity Name

ACL CORP.

Principal Place of Business

340 ROYAL POINCIANA WAY, SUITE 305
PALM BEACH FL 33480

Mailing Address

340 ROYAL POINCIANA WAY, SUITE 305
PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
33480

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33480

Country

4. FEI Number

59-3133915

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

SITTERSON, CURTIS H
150 WEST FLAGLER STREET
2200 MUSEUM TOWER
MIAMI FL 33130

Name

JAMES C. JENKINS

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

340 ROYAL POINCIANA WAY, SUITE 305

City

Palm Beach

FL

Zip Code

33480

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]

JAMES C. JENKINS

4/27/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Delete
NAME	SHAWN HORWITZ	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 305	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, SEC. DIRECTOR	<input type="checkbox"/> Delete
NAME	JAMES S. LEVIN	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 305	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VP, TREAS. DIRECTOR	<input type="checkbox"/> Delete
NAME	JAMES C. JENKINS	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 305	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

Daytime Phone #

CR2E034 (10/00)