

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**  
 05-07-2001 90055 044 \*\*\*150.00

**DOCUMENT # P00000111966**

1. Entity Name

**ACORN OF NASSAU COUNTY, INC.**

Principal Place of Business

**1506 PRUDENTIAL DRIVE  
 SUITE 102  
 JACKSONVILLE FL 32207**

Mailing Address

**1506 PRUDENTIAL DRIVE  
 SUITE 102  
 JACKSONVILLE FL 32207**

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

☒ 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

**VLCEK, ALAN B  
 750 EAST BAY STREET  
 JACKSONVILLE FL 32202**

Name

**CRABTREE, R.R.**

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

**8777 SAN JOSE BLVD  
 BLDG A, STE 200**

City

**JACKSONVILLE**

FL

Zip Code

**32217**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/01**

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** ☐ Delete  
 NAME **JAMES H. GILMORE, JR.**  
 STREET ADDRESS **1506 PRUDENTIAL DRIVE, STE 102**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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

TITLE **VICE PRESIDENT** ☐ Delete  
 NAME **JAMES J. CATLETT**  
 STREET ADDRESS **1506 PRUDENTIAL DRIVE, STE 102**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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

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

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01**

Date

**(904)**

**396-9963**

Daytime Phone #

CR2E034 (10/00)