


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801000081475
1. Entity Name
American Classic Agency, Corp.



DO NOT WRITE IN THIS SPACE

700025232187
12/01/03--01027--023 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 ATP Tour Blvd Suite, Apt. #, etc. Suite 150 City & State Ponte Vedra, Florida		3. Mailing Address same Suite, Apt. #, etc. City & State	
Zip 32082	Country St. Johns	Zip	Country

4. FEI Number 59-3756248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Lesnick, Irving I
Street Address (P.O. Box Number is Not Acceptable)
150 E. Palmetto Park Rd, Suite 500
City Boca Raton, FL FL Zip Code 33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P/CEO/C</u> <u>Gerald Policastro</u> <u>201 ATP Tour Blvd, suite 150, Ponte Vedra, FL</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>EVP/CFO/D</u> <u>Richard F. Sielicki</u> <u>201 ATP Tour Blvd, suite 150, Ponte Vedra, Fl</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>EVP/CMO/D</u> <u>Pete Lee</u> <u>201 ATP Tour Blvd, suite 150, Ponte Vedra, Fl</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S</u> <u>Kelley R. Bost</u> <u>201 ATP Tour Blvd, suite 150, Ponte Vedra, Fl</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelley R. Bost
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03 904-285-4030
Date Daytime Phone # X202

CR2E034B (12/02)