

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000079189

1. Entity Name  
ACREAGE UNLIMITED ASSOCIATION, INC.



Principal Place of Business  
206 NORTH 6TH AVENUE  
WAUCHULA FL 33873

Mailing Address  
POST OFFICE BOX 2325  
WAUCHULA FL 33873

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

52-2367665

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, DAVID B  
206 NORTH 6TH AVENUE  
WAUCHULA FL 33873

Name

James V. See, Jr.

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

206 North 6th Avenue

City  
Wauchula

FL

Zip Code  
33873

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

*James V. See, Jr.*  
Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when re-registering)

3/27/2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SIMMONS, DAVID B  
325 EAST JOHNSON AVENUE  
LAKE WALES FL 33853 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SEE, JAMES V JR.  
POST OFFICE BOX 875  
WAUCHULA FL 33873 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/S/D  
SEE, JAMES V., JR.  
206 N. 6th Avenue, P.O. Box 2325  
Wauchula, FL 33873 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

ACREAGE UNLIMITED ASSOCIATION, INC.

SIGNATURE:

By: *James V. See, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James V. See, Jr., President

3/27/2003

Date

(863) 773-0060

Daytime Phone #

FILED  
Apr 10, 2003 8:00 am  
Secretary of State

03-31-2003 90202 041 \*\*\*150.00



CR2E034 (10/02)