

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9300003164X**

1. Entity Name

ACA REALTY, INC.

AMENDED

02-28-2001 90104 030 ***35.00

P93000031644

FILED

01 MAR 15 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2 DONDANVILLE RD
ST AUGUSTINE FL
32080**

**2 DONDANVILLE RD
ST AUGUSTINE FL
32080**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3182238

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

**RICE FREDERICK L
108 KING ST
ST AUGUSTINE FL 32084**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P TAEIS, EILEEN L 2 DONDANVILLE RD #603 ST AUGUSTINE FL 32080	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRONG, THOMAS 2 DONDANVILLE RD #201 ST AUGUSTINE FL 32080	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERS, ANN 307 MARSH POINT ST AUGUSTINE FL 32080	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWHORN ROBIN 2 DONDANVILLE RD #301 ST AUGUSTINE FL 32080	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACETTI ALLEN 5640 SR-16 ST AUGUSTINE FL 32092	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWHORN ROBIN 2 DONDANVILLE RD ST AUGUSTINE FL 32080	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN H. PETERS

Date

2-14-01

Typed Name

3/5/01