## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000031644  1. Entity Name ACA REALTY, INC.				Secretary of State 01-15-2002 90029 004 ***150.00		
Principal Place of Business 2 DONDANVILLE ROAD ST. AUGUSTINE FL 32060		Mailing Address 2 DONDANVILLE ROAD ST. AUGUSTINE FL 32060				
2. Principal Place of Business		3. Mailing Address			ř .	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3182238 Applied For	$\Box$	
Zip	Country	Zip	Country	5 Certificate of Status Desired	ie	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	$\dashv$	
RICE, FREDERICK L 108 KING ST ST. AUGUSTINE FL 32084			Street Addre	iress (P.O. Box Number is Not Acceptable)	1	
SI. AUGU	15 NNE FL 32064		City	FL Zip Code	$\dashv$	
Tax filing i	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 20	TE: Registered Agent signature re- !!! FEE IS \$150.00 102 Fee will be \$550.6 ble to Department of	10. Election Campaign Financing \$5.00 May Be		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THEIS, EILEEN L 2 DONDANVILLE RD., UNIT 603 ST. AUGUSTINE FL 32080		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	n	
TITLE NAME Street address City-St-Zip	VP STRONG, THOMAS 2 DONDANVILLE RD., UNIT 201 ST. AUGUSTINE FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	n	
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	☐ Change ☐ Addition	n	
CITY-ST-ZIP	T LAWHORN, ROBIN 2 DONDANVILLE ROAD, #301 ST AUGUSTINE FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	n	
NAME Street Address	D PACETTI, ALLEN 5640 SR-16 ST. AUGUSTINE FL 32092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition  in Section 119.07(3)(i), Florida Statutes. I further certify that the information	1	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 2