

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P93000032347**

1. Entity Name

ACLF OF FLAGLER COUNTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION*

01 JUN -6 PM 3:55

Principal Place of Business	Mailing Address
90 Farragut Drive Palm Coast, FL 32137 US	P. O. Box 352237 Palm Coast, FL 32135 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3177321

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Herrera, Fanny C.
90 Farragut Drive
P. O. Box 352237
Palm Coast, FL 32135

Name **BIRDA SWANSON GRACE**

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

90 Farragut Drive

City

Palm Coast

FL

Zip Code

32135

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 **Birda Swanson Grace**

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	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	HERRERA, FANNY C.	
STREET ADDRESS	2 BLARE DRIVE	
CITY-ST-ZIP	PALM COAST, FL	

TITLE	PRESIDENT/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, BIRDA SWANSON	
STREET ADDRESS	61 Black Bear Lane	
CITY-ST-ZIP	Palm Coast, FL 32127	

TITLE	TREASURER	<input checked="" type="checkbox"/> Delete
NAME	HERRERA, EDWARD E	
STREET ADDRESS	2 BLARE DRIVE	
CITY-ST-ZIP	PALM COAST, FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E034 (11/00)