

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90016 047 \*\*\*150.00

**DOCUMENT # P98000077405**

1. Entity Name

**AC & LP CORP.**

Principal Place of Business

2057 TAFT ST.  
 HOLLYWOOD FL 33020  
 US

Mailing Address

2057 TAFT ST.  
 HOLLYWOOD FL 33020-2724  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0864081**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOGGS, LESTER C**  
 2057 TAFT ST.  
 HOLLYWOOD FL 33020

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>BOGGS, LESTER C</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS <b>4190 S.W. 75TH CIRCLE EAST</b>		
	CITY-ST-ZIP <b>DAVIE FL 33314</b>		
<input type="checkbox"/> Delete	<b>D</b> <b>HUTCHISON, LORA J</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS <b>705 EAST GREEN LANE</b>		
	CITY-ST-ZIP <b>WOODSTOCK GA 30189</b>		
<input type="checkbox"/> Delete	<b>D</b> <b>THORNTON, DEBORAH K</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS <b>4151 S.W. 75TH CIRCLE</b>		
	CITY-ST-ZIP <b>DAVIE FL 33314</b>		
<input type="checkbox"/> Delete	<b>D</b> <b>BOGGS, HAMILTON D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS <b>2301 LEE STREET</b>		
	CITY-ST-ZIP <b>HOLLYWOOD FL 33020</b>		
<input type="checkbox"/> Delete	<b>D</b> <b>PAYNE, NANCY A</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS <b>P.S.C. 41 BOX 45</b>		
	CITY-ST-ZIP <b>APO AE 09464</b>		
<input type="checkbox"/> Delete	<b>D</b> <b>WILLIAMS, KIMBERLY S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS <b>ROUTE 5B BOX 669</b>		
	CITY-ST-ZIP <b>HINDERSONVILLE NC 28792</b>		

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

954-973-3440

Daytime Phone #