

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005989

1. Entity Name

ACOSTA CREEK, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90065 023 \*\*\*150.00

Principal Place of Business

Mailing Address

124 ACOSTA CREEK DRIVE  
WELAKA FL 32193

P.O. BOX 984  
WELAKA FL 32193-0984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

124 ACOSTA Creek Drive

Suite, Apt. #, etc.

124 ACOSTA Creek Drive

City & State

SATSUMA, FL

City & State

SATSUMA, FL

4. FEI Number

59-3553095

Applied For

Not Applicable

Zip

32189

Country

Zip

32189

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

CLARK, RONALD E  
501 ST. JOHNS AVENUE  
PALATKA FL 32177

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

TITLE DP ☐ Delete  
NAME SCHWAB, RANDALL  
STREET ADDRESS 1001 KRISTIN LANE  
CITY-ST-ZIP ORANGE CITY FL 32763

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

TITLE DS ☐ Delete  
NAME SCHWAB, RICHARD  
STREET ADDRESS 1001 KRISTIN LANE  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 126 ACOSTA CREEK DRIVE  
CITY-ST-ZIP SATSUMA FL 32189

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE: *[Signature]* RANDALL SCHWAB  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00  
Date

904-467-2229  
Daytime Phone #

CR2E034 (9/99)