

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90019 048 \*\*\*158.75

**DOCUMENT # P99000055219**

**1. Entity Name**  
**SOUTHWEST ACRES, INC.**

**Principal Place of Business**

10555 S.W. 27TH AVE.  
OCALA FL 34476

**Mailing Address**

10555 S.W. 27TH AVE.  
OCALA FL 34476

**C0062253**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

12650 SW 16 Ave

**3. Mailing Address**

12650 S.W. 16 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Ocala FL

**City & State**

Ocala FL

**4. FEI Number**

59-3599527

**Applied For**

Not Applicable

Zip 34473

Country USA

Zip 34473

Country USA

**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**

**KNIERIEMEN, KATHLEEN A**  
10555 S.W. 27TH AVE.  
OCALA FL 34476

**Name**

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

12650 SW 16 Ave

**City**

Ocala

**FL**

**Zip Code**

34473

**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** *Kathleen A. Knieriemer*

*4-29-01*

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** **D** ☐ Delete  
**NAME** **KNIERIEMEN, KATHLEEN**  
**STREET ADDRESS** **10555 S.W. 27TH AVE.**  
**CITY-ST-ZIP** **OCALA FL 34476**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Knieriemer Kathleen**  
**STREET ADDRESS** **12650 SW 16 Ave**  
**CITY-ST-ZIP** **Ocala FL 34473**

**TITLE** **D** ☒ Delete  
**NAME** **KNIERIEMEN, KARL**  
**STREET ADDRESS** **10555 S.W. 27TH AVE.**  
**CITY-ST-ZIP** **OCALA FL 34476**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**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:** *Kathleen A. Knieriemer* *4-29-01* *352-8174338*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)