pg 1 of

APPROVED AND FILED

00 OCT -2 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092363

1. Entity Name

Acorn Development of Northeast Florida, Inc.

Principal Place of Business
10411 Alta Drive, Ste. 500
Jacksonville, FL 32226

Mailing Address

2. Principal Place of Business
10411 Alta Drive, Ste. 500
Suite, Apt. #, etc.
Suite 500
City & State
Jacksonville, FL 32226
Zip 322226 Country Duval

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable

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
Name
Robert B. Persons, Jr.,
Street Address (P.O. Box Number is Not Acceptable)
2215 South Third Street, Ste. 101
City Jacksonville Beach FL Zip Code 32250

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 _____ Robert B. Persons, Jr. 9/29/00
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 / NAME / STREET ADDRESS / CITY - ST - ZIP	PD Charles E. Dixon, Jr. 10411 Alta Drive, Ste. 500 Jacksonville, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	300003413693--4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	REINSTATEMENT	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ Charles E. Dixon, Jr. 9/29/00 904-757-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

pg. 2 of 2

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 849529 81030A

AUTHORIZATION : Patricia Pyjut

COST LIMIT : $ 758.75

ORDER DATE : October 2, 2000

ORDER TIME : 10:42 AM

ORDER NO. : 849529-005

CUSTOMER NO: 81030A

CUSTOMER: Robert B. Persons, Esq
Buschman Ahern And Persons
P. O. Box 50006

Jacksonville Bh, FL 32240-0006

DOMESTIC FILINGS

RECEIVED
00 OCT -2 AM 11:50
DIVISION OF CORPORATION

NAME: ACORN DEVELOPMENT OF
NORTHEAST FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____