

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099912

1. Entity Name

A.C.L. MANAGEMENT CORP.

FILED

Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90008 001 \*\*\*150.00

Principal Place of Business

Mailing Address

6848 COPPERFIELD DR.  
NEW PORT RICHEY FL 34655

6848 COPPERFIELD DR.  
NEW PORT RICHEY FL 34655-5604

00031030

2. Principal Place of Business

3. Mailing Address

6848 Copperfield Dr  
Suite, Apt. #, etc.

6848 Copperfield Dr  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

New Port Richey, FL

New Port Richey

4. FEI Number

Applied For

Not Applicable

59-3620754

Zip

Country

Zip

Country

34655

PASCO

34655

PASCO

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

CAPPOLA, ANTHONY  
6848 COPPERFIELD DR.  
NEW PORT RICHEY FL 34655

Name

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

6848 Copperfield Dr

City

New Port Richey

FL

Zip Code

34655

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 ☐ Delete  
NAME Pres.  
STREET ADDRESS ANTHONY, CAPPOLA  
CITY-ST-ZIP 6848 COPPERFIELD DR  
NEW PORT RICHEY, FL 34655

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00 727-465-8000