

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080088

1. Entity Name

ACFF MANAGEMENT SYSTEMS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90049 024 \*\*\*150.00

Principal Place of Business

800 LAUREL OAK DR STE 200  
NAPLES FL 33963

Mailing Address

P.O. BOX 27  
HENDERSON KY 42419-0027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0539390

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

ANDERSON, JACK B  
6962 VERDE WAY  
NAPLES FL 33963

Name

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

City

FL

Zip Code

34108

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	P	<input type="checkbox"/> Delete
NAME	ANDERSON, JACK B	
STREET ADDRESS	6962 VERDE WAY	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CULVER, GLENN A	
STREET ADDRESS	2214 U.S. 41 N	
CITY-ST-ZIP	HENDERSON KY 42420	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAY, FRANCIS C	
STREET ADDRESS	P. O. BOX 27	
CITY-ST-ZIP	HENDERSON KY 42420	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRITSCHLE, RICKE A	
STREET ADDRESS	8688 RUFFIDAN LANE STE C	
CITY-ST-ZIP	NEWBURGH IN 47630	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Jack B. Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-00

Daytime Phone #

270 826 9451

CR2E034 (9/99)