

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90107 010 ***150.00

DOCUMENT # F01000003900

1. Entity Name
ACORN DEVELOPMENT GROUP, INC.

Principal Place of Business

700 STATE ROAD 46-E
BATESVILLE IN 47006

Mailing Address

700 STATE ROAD 46-E
BATESVILLE IN 47006

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

35-1926150

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2002 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 **PCD** ☐ Delete
NAME **CAMP, KENNETH A**
STREET ADDRESS **ONE BATESVILLE BLVD.**
CITY-ST-ZIP **BATESVILLE IN 47006**

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

TITLE **V** ☐ Delete
NAME **MASLAR, DARRYL**
STREET ADDRESS **ONE BATESVILLE BLVD.**
CITY-ST-ZIP **BATESVILLE IN 47006**

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

TITLE **SD** ☒ Delete
NAME **RENFROE, TIMOTHY R**
STREET ADDRESS **700 STATE ROUTE 46-E**
CITY-ST-ZIP **BATESVILLE IN 47006**

TITLE ☐ Change ☒ Addition
NAME **Secretary & Director**
STREET ADDRESS **Patrick D. de Maynadier**
CITY-ST-ZIP **State Route 46E**
Batesville, IN 47006-8835

TITLE **T** ☐ Delete
NAME **LANNING, MARK R**
STREET ADDRESS **700 STATE ROUTE 46-E**
CITY-ST-ZIP **BATESVILLE IN 47006**

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

TITLE **D** ☐ Delete
NAME **ROCKWOOD, FREDERICK W**
STREET ADDRESS **700 STATE ROUTE 46-E**
CITY-ST-ZIP **BATESVILLE IN 47006**

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

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 REQUIRED

Patrick D. de Maynadier, Secretary 04/26/02

812-934-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)