

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90002 036 ****50.00

DOCUMENT # L98000002899

1. Entity Name

ACF MANAGEMENT, L.L.C.

Principal Place of Business

100 N. TAMPA ST., SUITE 2410
 TAMPA FL 33602

Mailing Address

100 N. TAMPA ST., SUITE 2410
 TAMPA FL 33602

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3542907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COCKSHUTT, TIMOTHY
 100 N. TAMPA STREET, SUITE 2410
 TAMPA FL 33602

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
 NAME MGRM
 STREET ADDRESS BROWN, CRICHTON W
 CITY-ST-ZIP 100 N. TAMPA STREET, SUITE 2410
 TAMPA FL 33606

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

TITLE ☐ Delete
 NAME MGRM
 STREET ADDRESS STULL, STEVEN T
 CITY-ST-ZIP 909 POYDRAS STREET, SUITE 2230
 NEW ORLEANS LA 70112

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

TITLE ☐ Delete
 NAME MGRM
 STREET ADDRESS BERGMANN, DAVID W
 CITY-ST-ZIP 7733 FORSYTH BOULEVARD, SUITE 1850
 ST. LOUIS MO 63105

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

TITLE ☐ Delete
 NAME MGRM
 STREET ADDRESS ZAJAC, SCOTT A
 CITY-ST-ZIP 7733 FORSYTH BOULEVARD, SUITE 1850
 ST. LOUIS MO 63105

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Crichton W. Brown*

4/8/02 (813) 221-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)