

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0003560

DOCUMENT # L98000002899

1. Entity Name

ACF MANAGEMENT, L.L.C.



FILED

03 APR 18 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

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

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

7. Name and Address of New Registered Agent

Name

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

300016238073  
04/18/03--01021--004 \*\*50.00

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME Cockshutt, Timothy G.  
STREET ADDRESS 100 N. Tampa Street, Suite 2410  
CITY-ST-ZIP Tampa, FL 33602

TITLE MGRM ☐ Change ☒ Addition  
NAME Tate, A. Garrett  
STREET ADDRESS 100 N. Tampa Street, Suite 2410  
CITY-ST-ZIP Tampa, FL 33602

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

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

TITLE ☐ Change ☐ Addition  
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*

4/9/03 (813) 221-8700

SIGNATURE BY TYPED APPROVAL OF CAPTIONED MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)