

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 17 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001894

1. Entity Name

ACR MANAGEMENT, L.L.C.

Principal Place of Business

1165 CAMP HOLLOW RD.  
WEST MIFFLIN PA 15122

Mailing Address

1165 CAMP HOLLOW RD.  
WEST MIFFLIN PA 15122

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

25-1833304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME HAAS, JAMES E  
STREET ADDRESS 158 HIGHLAND DRIVE  
CITY-ST-ZIP JAMESTOWN RI 02835

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003337191--4  
-07/26/00--01096--019  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE MGRM ☐ Delete  
NAME BALSON, ANDREW B  
STREET ADDRESS TWO COPLEY PLACE  
CITY-ST-ZIP BOSTON MA 02116

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

TITLE MGRM ☐ Delete  
NAME EDGERLEY, PAUL  
STREET ADDRESS TWO COPLEY PLACE  
CITY-ST-ZIP BOSTON MA 02116

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

TITLE MGRM ☐ Delete  
NAME MAHOKEY, DAVID W  
STREET ADDRESS 400 SECO RD.  
CITY-ST-ZIP MONROEVILLE PA 15146

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

TITLE MGRM ☐ Delete  
NAME KANIA, WILLIAM B  
STREET ADDRESS 71 N. MOUNT VERNON AVE  
CITY-ST-ZIP UNIONTOWN PA 15401

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

TITLE MGRM ☐ Delete  
NAME ANTHONY, RAY G  
STREET ADDRESS 2 ALLEGHENY COUNTY AIRPORT  
CITY-ST-ZIP WEST MIFFLIN PA 15122

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/10/00

CR2E083 (5/00)