

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91099 017 ****61.25

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DOCUMENT # N41417
 1. Entity Name
AMERICAN CASH FLOW ASSOCIATION, INC.

Principal Place of Business 255 S. ORANGE AVE. 6TH FLOOR ORLANDO FL 32801 US	Mailing Address P.O. BOX 1511 ORLANDO FL 32802 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3048847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REWEY, FRED
255 S ORANGE AVE 6TH FLOOR
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME DT PINO, LAURANCE J	<input type="checkbox"/> Delete
STREET ADDRESS 255 S. ORANGE AVE. 6TH FLOOR	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE NAME DPV BRACKNELL, DEBORAH J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR	
CITY-ST-ZIP ORLANDO FL	
TITLE NAME D HORVATH-PINO, JANET	<input type="checkbox"/> Delete
STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR	
CITY-ST-ZIP ORLANDO FL	
TITLE NAME DS WILSON, PATRICIA T	<input type="checkbox"/> Delete
STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR	
CITY-ST-ZIP ORLANDO FL	
TITLE NAME DPV REWEY, FRED	<input type="checkbox"/> Delete
STREET ADDRESS 255 S. ORANGE AVE. 6TH FLOOR	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME Quinn, Wanda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 255 S. Orange Ave., 6th Floor	
CITY-ST-ZIP Orlando, FL 32801	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurence J. Pino 4/11/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)