

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043287

1. Entity Name

ACI WORLDWIDE (FLORIDA) INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90027 004 ***150.00

Principal Place of Business

15950 BAY VISTA DR
STE 235
CLEARWATER FL 34620
US

Mailing Address

15950 BAY VISTA DR
STE 235
CLEARWATER FL 33760-3118
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33760-3118

Country

Zip

Country

4. FEI Number **59-3189065**

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

HENRY, SUSAN A.
15950 BAY VISTA DR
STE 235
CLEARWATER FL 34620

Name
C T Corporation System

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

1200 Pine Island Road

City
Tallahassee

FL

Zip Code
32324

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

Christine M. Eastwine

Christine M. Eastwine
Assistant Secretary

11/11/00

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, 2000 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 NAME	PDT DUMAN, GREGORY J	<input type="checkbox"/> Delete
STREET ADDRESS	224 SOUTH 108 AVE	
CITY-ST-ZIP	OMAHA NE	
TITLE NAME	SD STOKES, DAVID P	<input type="checkbox"/> Delete
STREET ADDRESS	224 S 108 AVE	
CITY-ST-ZIP	OMAHA NE	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID P. STOKES

Date

Daytime Phone #

1/19/00 402 390 8993

CR2E034 (9/99)