

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90085 030 ***150.00

DOCUMENT # P94000080088

1. Entity Name
ACFF MANAGEMENT SYSTEMS, INC.

Principal Place of Business: **6962 VERBO WAY NAPLES FL 34108**
 Mailing Address: **P.O. BOX 27 HENDERSON KY 42420**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0539390		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
ANDERSON, JACK B 6962 VERDE WAY NAPLES FL 34108				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, JACK B			NAME			
STREET ADDRESS	6962 VERDE WAY			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULVER, GLENN A			NAME			
STREET ADDRESS	2214 U.S. 41 N			STREET ADDRESS			
CITY-ST-ZIP	HENDERSON KY 42420			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAY, FRANCIS C			NAME			
STREET ADDRESS	P. O. BOX 27			STREET ADDRESS			
CITY-ST-ZIP	HENDERSON KY 42420			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRITSCHLE, RICKE A			NAME			
STREET ADDRESS	7409 E OLIVE ST			STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE IN 47715			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *JACK B ANDERSON* **SIGNATURE REQUIRED** 1/9/02 (270) 27 4636
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)