

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M44975

1. Entity Name

CAPITAL NATIONAL FINANCIAL CORPORATION

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90147 031 ***158.75

Principal Place of Business

Mailing Address

500 N.E. SPANISH RIVER BLVD
SUITE 205
BOCA RATON FL 33431
US

500 N.E. SPANISH RIVER BLVD
SUITE 205
BOCA RATON FL 33431-4517
US

60017070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

500 N.E. SPANISH RIVER BLVD

500 N.E. SPANISH RIVER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 205

SUITE 205

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Zip

Country

Country

33431

33431

USA

USA

4. FEI Number 59-2766111

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

GOLDMAN, ALINA M.
500 N.E. SPANISH RIVER BLVD
SUITE 205
BOCA RATON FL 33431

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

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
STREET ADDRESS
CITY-ST-ZIP
DVS
GOLDMAN, ALINA M.
500 N.E. SPANISH RIVER BLVD., SUITE 205
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
GOLDMAN, LAWRENCE M.
500 N.E. SPANISH RIVER BLVD., SUITE 205
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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☐ Delete

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

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

Date

Daytime Phone #

1-15-00 416-8866