

2000 UNIFORM BUSINESS REPORT (UBR) (9)

FILED  
Mar 03, 2000 8:00 am  
Secretary of State  
03-03-2000 90010 003 \*\*\*150.00

DOCUMENT # 274456

Entity Name  
CAPITAL ACCEPTANCE CORPORATION, INC.

Principal Place of Business Mailing Address  
MIRACLE STRIP PARKWAY, SE 50 MIRACLE STRIP PARKWAY, SE  
BOX 387 P O BOX 387  
WALTON BCH FL 32549 FT WALTON BCH FL 32549-0387

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number 59-1082286 Applied For  
Not Applicable

5. Certificate of Status Desired \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
LONG, C. H.  
50 MIRACLE STIP PKWY S E  
FT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
SD LONG,CLIFFORD H (ASST) 50 MIRACLE STRIP PRWY FT WALTON BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 02-18-00 850-245158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #