

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000942

1. Entity Name

MERCURY MARINE ACCEPTANCE CORPORATION

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90006 044 ***550.00

Principal Place of Business

1355 WINDWOOD CONCOURSE
ALPHARETTA GA 30005
US

Mailing Address

401 NORTH TRYON STREET
MC: NC-1-021-03-09
CHARLOTTE NC 28255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1796730

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D/P ☐ Delete
NAME ROBINSON, FLOYD S
STREET ADDRESS ~~401 N TRYON ST~~ NC1-021-03-09
CITY-ST-ZIP A 401 N TRYON ST
CHARLOTTE NC 28255

TITLE D ☒ Delete
NAME PARKS, MICHAEL N
STREET ADDRESS 1955 WINDWOOD CONCOURSE
CITY-ST-ZIP ALPHARETTA GA 30005

TITLE DEVP ☐ Delete
NAME TELLJOHANN, ERIC
STREET ADDRESS ~~1355 WINDWOOD CONCOURSE~~ NC1-021-03-09
CITY-ST-ZIP ALPHARETTA GA 30005 401 N TRYON ST
CHARLOTTE NC 28255

TITLE SVPS ☐ Delete
NAME EVANS, JOHN D JR.
STREET ADDRESS 10401 DEERWOOD PARK BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE SVP ☐ Delete
NAME ANDERSON, C. THOMAS
STREET ADDRESS 1355 WINDWOOD CONCOURSE
CITY-ST-ZIP ALPHARETTA GA 30005

TITLE SVP ☐ Delete
NAME HOLZ, ROBERT
STREET ADDRESS 225 EAST JOHN CARPENTER FREEWAY
CITY-ST-ZIP IRVING TX 75062

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

TITLE SVP ☐ Change ☐ Addition
NAME Duane L. Smith
STREET ADDRESS NC1-021-03-09
CITY-ST-ZIP 401 N TRYON ST
CHARLOTTE NC 28255

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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

Duane L. Smith, SVP

7-11-00

386-5591
704-388-4964

Daytime Phone #