

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001924

1. Entity Name

ACCEPTANCE LOAN COMPANY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90131 016 ***150.00

Principal Place of Business

Mailing Address

121 W CHURCH ST
 JACKSON AL 36545
 US

P. O. BOX 159
 JACKSON AL 36545-0159
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1131381

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

COSIMATO, MIKE
4735 HWY 90
OAK STATION SHOPPING CENTER
MARIANNA FL 32446

Name

Dorothy Cobb

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

4735 Hwy. 90, 80 Oak Station Center

City

Marianna

FL

Zip Code
32446

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 **D.COB** ☐ Delete
 NAME **HUGGINS, FRED L**
 STREET ADDRESS **121 W CHURCH ST**
 CITY-ST-ZIP **JACKSON AL 36545**

TITLE **D** ☐ Change ☒ Addition
 NAME **NICHOLS, DON**
 STREET ADDRESS **850 EDGEWOOD DR**
 CITY-ST-ZIP **THOMASVILLE AL 36784**

TITLE **VD** ☐ Delete
 NAME **BARLOW, DAN**
 STREET ADDRESS **131 MAIN ST.**
 CITY-ST-ZIP **GROVE HILL AL 36451**

TITLE **D** ☐ Change ☒ Addition
 NAME **PHILLIPS, TERRY**
 STREET ADDRESS **131 W FRONT ST**
 CITY-ST-ZIP **THOMASVILLE AL 36784**

TITLE **STD** ☐ Delete
 NAME **WILSON, BRUCE**
 STREET ADDRESS **131 MAIN ST.**
 CITY-ST-ZIP **GROVE HILL AL 36451**

TITLE **V** ☐ Change ☒ Addition
 NAME **LEATHERS, BRIAN**
 STREET ADDRESS **181 CLAY ST**
 CITY-ST-ZIP **GROVE HILL AL 36451**

TITLE **S** ☐ Delete
 NAME **MORGAN, WILLIAM D.**
 STREET ADDRESS **131 W FRONT ST**
 CITY-ST-ZIP **THOMASVILLE AL 36784**

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

TITLE **DCEO** ☐ Delete
 NAME **AYERS, JACKIE**
 STREET ADDRESS **121 W. CHURCH ST.**
 CITY-ST-ZIP **JACKSON AL 36545**

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

TITLE **D** ☐ Delete
 NAME **BAXLEY, ED**
 STREET ADDRESS **230 CACHE CIRCLE**
 CITY-ST-ZIP **CHICKSAW AL 36611**

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:

Brian Leathers

SRVP + CFO

4/24/00

(334) 246 1513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)