

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004852

1. Entity Name

CAPSTONE CAPITAL OF PORT ORANGE, INC.

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90088 028 \*\*\*150.00

Principal Place of Business

Mailing Address

3310 WEST END AVE  
STE 700  
NASHVILLE TN 37203

3310 WEST END AVE  
STE 700  
NASHVILLE TN 37203-1097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1208083

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

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 \$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	CEO	<input type="checkbox"/> Delete
NAME	EMERY, DAVID R	
STREET ADDRESS	3310 WEST END AVE STE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	EV	<input type="checkbox"/> Delete
NAME	WALLACE, TIMOTHY G	
STREET ADDRESS	3310 WEST END AVE STE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	SVT	<input type="checkbox"/> Delete
NAME	LANGRECK, FREDRICK M	
STREET ADDRESS	3310 WEST END AVE STE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	SVFR	<input type="checkbox"/> Delete
NAME	HOLMES, SCOTT W	
STREET ADDRESS	3310 WEST END AVE STE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VPFP	<input type="checkbox"/> Delete
NAME	CRISLER, MICHAEL W	
STREET ADDRESS	3310 WEST END AVE STE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VREI	<input type="checkbox"/> Delete
NAME	STEELE, CARTER	
STREET ADDRESS	3310 WEST END AVE STE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Michael W. Crisler*

Michael W. Crisler, Vice President

4/14/00

(615) 269-8175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

