

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90088 028 ***150.00

DOCUMENT # F98000004852

1. Entity Name
CAPSTONE CAPITAL OF PORT ORANGE, INC.

Principal Place of Business 3310 WEST END AVE STE 700 NASHVILLE TN 37203	Mailing Address 3310 WEST END AVE STE 700 NASHVILLE TN 37203-1097
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 63-1208083		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMERY, DAVID R		NAME		
STREET ADDRESS	3310 WEST END AVE STE 700		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203		CITY-ST-ZIP		
TITLE	EV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, TIMOTHY G		NAME		
STREET ADDRESS	3310 WEST END AVE STE 700		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203		CITY-ST-ZIP		
TITLE	SVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGRECK, FREDRICK M		NAME		
STREET ADDRESS	3310 WEST END AVE STE 700		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203		CITY-ST-ZIP		
TITLE	SVFR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLMES, SCOTT W		NAME		
STREET ADDRESS	3310 WEST END AVE STE 700		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203		CITY-ST-ZIP		
TITLE	VPPF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRISLER, MICHAEL W		NAME		
STREET ADDRESS	3310 WEST END AVE STE 700		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203		CITY-ST-ZIP		
TITLE	VREI	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEELE, CARTER		NAME		
STREET ADDRESS	3310 WEST END AVE STE 700		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203		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)

