

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006277

1. Entity Name

CAPTEC RECEIVABLES FINANCING CORPORATION I

Principal Place of Business

Mailing Address

24 FRANK LLOYD WRIGHT DR. LOBBY L. 4TH FL  
ANN ARBOR MI 48106-0544

24 FRANK LLOYD WRIGHT DR. LOBBY L. 4TH FL  
ANN ARBOR MI 48105-9755

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 38-3242052

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	PD	<input type="checkbox"/> Delete
NAME	BEACH, PATRICK L	
STREET ADDRESS	24 FRANK LLOYD WRIGHT DR, LOBBY L, 4TH FL	
CITY-ST-ZIP	ANN ARBOR MI 48106-0544	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MARTIN, W. ROSS	
STREET ADDRESS	24 FRANK LLOYD WRIGHT DR, LOBBY L, 4TH FL	
CITY-ST-ZIP	ANN ARBOR MI 48106-0544	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUDER, GARY-A	
STREET ADDRESS	24 FRANK LLOYD WRIGHT DR, LOBBY L, 4TH FL	
CITY-ST-ZIP	ANN ARBOR MI 48106-0544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90016 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

1-28-00 (734) 994-6505