

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90020 041 ***150.00

DOCUMENT # F98000006369

1. Entity Name

HOME ACCEPTANCE CORPORATION

Principal Place of Business

**4271 MONROE ST
 TOLEDO OH 43606**

Mailing Address

**4271 MONROE ST
 TOLEDO OH 43606**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Toledo, OHIO

Zip

Country

Zip

Country

43606

USA

4. FEI Number

34-1720045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS
 1200 S PINE ISLAND RD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	TROMPETER, PATRICK J	
STREET ADDRESS	17170 HARBOUR POINTE, SANIBEL HARBOR TOWER	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HROVATICH, JOHN M	
STREET ADDRESS	17170 HARBOUR POINTE, SANIBEL HARBOR TOWER	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	ADLER, THOMAS A	
STREET ADDRESS	4271 MONROE ST.	
CITY-ST-ZIP	TOLEDO OH 43606	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trompeter, Patrick J	
STREET ADDRESS	14571 Headwater Bay Lane	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	Assistant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Metzger, Melissa	
STREET ADDRESS	7732 Spring Haven	
CITY-ST-ZIP	Holland, OH 43528	
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		
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

2/16/01

Date

(419) 472-4200

Daytime Phone #

CR2E034 (10/00)

0598361