2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90093 032 ***150.00

DOCUMENT # J12109

1. Entity Name

CAPACITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
% ARNOLD ZISSELMAN 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066-1616	% ARNOLD ZISSELMAN 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066-1616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: SUITE 200
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2790499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZISSELMAN, ARNOLD
3700 COCONUT CREEK PARKWAY — SUITE 200
COCONUT CREEK FL 33066-1616

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: ARNOLD Zisselman, V.P. DATE: 4/6/00
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BUTO, DONNA M 4200 N.W. 101 DR. CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11400 N.W. 56 Drive, Apt. 104 Coral Springs, FL 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CST BUTO, FRANCES T. 4200.W. 101 DR. CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10975 N.W. 66 Ct. PARKLAND, FL 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BUTO, STEPHEN 11184 LAKEVIEW DRIVE CORAL SPGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODARD, PATRICIA M. 4555 CARAM BOLA CIRCLE COCONUT CREEK FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ZISSELMAN, ARNOLD 3931 NW 27TH AVE BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ZIP = 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, ANNETTE 6824 N.W. 24 WAY FT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP+D ☐ Change ☒ Addition

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: Donna M. Buto Donna M. Buto 4/6/00 (954) 928-9778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

'CR2E034 (9/99)