

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L77611

1. Entity Name

NAL ACCEPTANCE CORPORATION

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90319 031 ***150.00

Principal Place of Business

5217 COCONUT CREEK PKWY
POMPANO BEACH FL 33063
US

Mailing Address

11825 N. PENNSYLVANIA ST.
DEPT A2A
CARMEL IN 46032
US

2. Principal Place of Business

5217 Coconut Creek Pkwy.

3. Mailing Address

2345 S. Lynhurst Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 210

City & State

Margate, FL

City & State

Indianapolis, IN

4. FEI Number

59-3010303

Applied For

Not Applicable

Zip

33063

Country

Broward

Zip

46241

Country

Marion

5. Certificate of Status Desired -- ☐ Additional Fee Required

\$8.75

6. Name and Address of Current Registered Agent

JONES, R.K. JONES ESQ
500 CYPRESS CK RD WEST
SUITE 590
FT. LAUDERDALE FL 33309-6127

7. Name and Address of New Registered Agent

Name

Ken Jones

Street Address (P.O. Box Number is Not Acceptable)

5217 Coconut Creek Pkwy.

City

Margate

FL

Zip Code

33063

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

R.K. Jones

Francis Bn No. 847150

4-20-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DYER, WILLIAM B	
STREET ADDRESS	5217 COCONUT CREEK PKWY	
CITY-ST-ZIP	POMPANO BEACH FL 33063	
TITLE	COBD	<input checked="" type="checkbox"/> Delete
NAME	COMBS, ANDREW	
STREET ADDRESS	11825 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	VPSPD	<input checked="" type="checkbox"/> Delete
NAME	COMBS, ANDREW S	
STREET ADDRESS	745 FIFTH AVE-STE 2700	
CITY-ST-ZIP	NEW YORK NY 10151	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	HASELEY, TIMOTHY W	
STREET ADDRESS	11825 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONNET, MICHAEL F	
STREET ADDRESS	745 FIFTH AVE-STE 2700	
CITY-ST-ZIP	NEW YORK NY 10151	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William B. Dyer	
STREET ADDRESS	5217 Coconut Creek Pkwy.	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	Secretary & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew S. Combs	
STREET ADDRESS	5217 Coconut Creek Pkwy.	
CITY-ST-ZIP	Margate, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy W. Haseley	
STREET ADDRESS	5217 Coconut Creek Pkwy.	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James J. Larkin	
STREET ADDRESS	11825 N. Pennsylvania St.	
CITY-ST-ZIP	Carmel, IN 46032	
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:

William B. Dyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00

Daytime Phone #

(954) 917-6451

CR2E034 (9/99)