

2000 UNIFORM BUSINESS REPORT (UBR)

0014982 AF

DOCUMENT # M98000000752

1. Entity Name
CAPITOL USA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:13

Principal Place of Business
**ONE REPUBLIC CENTRE
633 CHESTNUT STREET, SUITE 1640
CHATTANOOGA TN 37405**

Mailing Address
**ONE REPUBLIC CENTRE
633 CHESTNUT STREET, SUITE 1640
CHATTANOOGA TN 37450-1600**



2. Principal Place of Business
300 CROSS PLAINS BLVD

3. Mailing Address
P.O. Box 2023

DO NOT WRITE IN THIS SPACE
58-2240421

City & State
Dalton GA

City & State
Dalton, GA

Zip
30720

Country
Whitfield

Zip
30722

Country
Whitfield

4. FEI Number
62-1597304

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE	NAME
MGR	BAKER, JAMES B
STREET ADDRESS	633 CHESTNUT STREET, SUITE 1640
CITY-ST-ZIP	CHATTANOOGA TN 37405
MGR	ELROD, STARLING L
STREET ADDRESS	633 CHESTNUT STREET, SUITE 1640
CITY-ST-ZIP	CHATTANOOGA TN 37405
MGR	MORRIS, TIM T
STREET ADDRESS	633 CHESTNUT STREET, SUITE 1640
CITY-ST-ZIP	CHATTANOOGA TN 37405
MGR	BROOKSHIRE, MIKE D
STREET ADDRESS	633 CHESTNUT STREET, SUITE 1640
CITY-ST-ZIP	CHATTANOOGA TN 37405
MGR	SHEEHY, THOMAS D
STREET ADDRESS	1800 REPUBLIC CENTER
CITY-ST-ZIP	CHATTANOOGA TN 37402

10. ADDITIONS/CHANGES	
TITLE	NAME
	100003121871-1
	-02/03/00--01007--010
	*****55.00 *****55.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANCIS D. WEAVER DATE: 1/11/00 DAYTIME PHONE #: 706-247-6241