

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P25739**

1. Entity Name

**JAGUAR CREDIT CORPORATION****FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90048 034 \*\*\*150.00

Principal Place of Business

**9009 CAROTHERS PKY  
FRANKLIN TN 37067**

Mailing Address

**P.O. BOX 680100  
FRANKLIN TN 37068-0100**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **22-2992409**

Applied For

Not Applied

Zip

Country

Zip

Country

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

**CT 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NYNES, THOMAS N	
STREET ADDRESS	9009 CAROTHERS PKY	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PAULEY, RICHARD	
STREET ADDRESS	9009 CAROTHERS PKY	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, HURLEY D	
STREET ADDRESS	THE AMERICAN RD	
CITY-ST-ZIP	DEARBORN MI	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RAMIREZ, RENE	
STREET ADDRESS	ONE BURTON HILLS BLVD, SUITE 350	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COSPER, DAVID P	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Andrew L. Menzyk	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	9009 Carothers Pkwy.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	James Bosscher, Asst. Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	The American Rd.	
STREET ADDRESS	Dearborn, MI 48121	
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:

**RENE RAMIREZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

615-315-7930

Date

Daytime Phone #