

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25739

1. Entity Name

JAGUAR CREDIT CORPORATION

Principal Place of Business

Mailing Address

9009 CAROTHERS PKY  
FRANKLIN TN 37067

P.O. BOX 680100  
FRANKLIN TN 37068-0100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2992409

Applied For

Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MENZYK, ANDREW L  
STREET ADDRESS 9009 CAROTHERS PKY  
CITY-ST-ZIP FRANKLIN TN 37067

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME PAULEY, RICHARD  
STREET ADDRESS 9009 CAROTHERS PKY  
CITY-ST-ZIP FRANKLIN TN 37067

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME SMITH, HURLEY D  
STREET ADDRESS THE AMERICAN RD  
CITY-ST-ZIP DEARBORN MI

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Delete  
NAME RAMIREZ, RENE  
STREET ADDRESS ONE BURTON HILLS BLVD, SUITE 350  
CITY-ST-ZIP NASHVILLE TN

TITLE AS Robert A. Aitken ☒ Change ☐ Addition  
NAME 9009 Carothers Pkwy  
STREET ADDRESS Franklin TN 37067  
CITY-ST-ZIP

TITLE AT ☐ Delete  
NAME BOSSCHER, JAMES  
STREET ADDRESS THE AMERICAN ROAD  
CITY-ST-ZIP DEARBORN MI 48121

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Aitken, Assistant Secretary

Date

615-315-7456

Daytime Phone #

FILED  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90034 026 \*\*\*150.00

CU021525



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)