

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90074 026 \*\*\*150.00

**DOCUMENT # P32206**

1. Entity Name

**AMERICAN CAPITOL MANAGEMENT COMPANY**

Principal Place of Business

Mailing Address

C/O TERENCE R. MCAULIFFE  
 1031 W. MORSE BLVD., SUITE 270  
 WINTER PARK FL 32789

C/O TERENCE R. MCAULIFFE  
 1031 W. MORSE BLVD., SUITE 270  
 WINTER PARK FL 32789-3750

2. Principal Place of Business

1031 West Morse Blvd.

3. Mailing Address

1031 West Morse Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 160

Suite 160

City & State

Winter Park, Florida

City & State

Winter Park, Florida

4. FEI Number

52-1708157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SWANN, HADLEY & ALVAREZ, P.A.**  
 1031 W MORSE BLVD  
 SUITE 270  
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Swann & Hadley, P.A.

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

1031 W. Morse Blvd., Suite 160

City

Winter Park

FL

Zip Code  
 32789

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PCD  
 MCAULIFFE, TERENCE R.  
 7527 OLD DOMINION  
 MCLEAN VA 22102 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPST  
 MCAULIFFE, DOROTHY S  
 7527 OLD DOMINION  
 MCLEAN VA 22102 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 SWANN, CHRISTIAN M  
 1031 W. MORSE BLVD., SUITE 270  
 WINTER PARK FL 32789 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 Swann, Christian M.  
 1031 W. Morse Blvd., Ste. 160  
 Winter Park, Florida 32789 ☒ Change ☐ Addition

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Vice President 4-25-00**

**407-643-8977**

CR2E034 (9/99)