2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P32206 1. Entity Name AMERICAN CAPITOL MANAGEMENT COMPANY 04-05-2001 90035 017 ***150.00 Mailing Address Principal Place of Business 1031 WEST MORESE BLVD. 1031 WEST MORESE BLVD. SUITE 160 SUITE 160 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 52-1708157 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SWANN & HADLEY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1031 W MORSE BLVD SUITE 160 WINTER PARK FL 32789 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition Change TITLE PCD ☐ Delete TITLE MCAULIFFE, TERENCE R. NAME NAME STREET ADDRESS STREET ADDRESS 7527 OLD DOMINION CITY-ST-ZIP CITY-ST-ZIP MCLEAN VA 22102 Change ☐ Addition **VPST** ☐ Delete TITLE TITLE NAME MCAULIFFE, DOROTHY S NAME STREET ADDRESS STREET ADDRESS 7527 OLD DOMINION CITY-ST-ZIP CITY-ST-ZIP MCLEAN VA 22102 ☐ Change ☐ Addition ☐ Defete TITLE TITLE SWANN, CHRISTIAN M NAME NAME STREET ADDRESS STREET ADDRESS 1031 W MORSE BLVD., STE. 160 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

indicated on this report or supplemental report is true and accurate and thet 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 trusted empowered to execute (his report as equired 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. 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Swann & Hadley, P.A. Attorneys and Counselors at Law

Pervie P. Swann (1895-1984)

Stuart P. Buchanan Ralph V. Hadley, III Richard R. Swann

Of Counsel: L. Pharr Abner

1031 W. Morse Boulevard Suite 160 Winter Park, Florida 32789 Telephone (407) 647-2777 Fax (407) 647-2157

April 3, 2001

Via Certified Mail **Return Receipt Requested** 7000 0600 0021 8048 8121

Uniform Business Report Division of Corporations Post Office Box 1500 Tallahassee, FL 32302-1500

RE: American Capitol Management Company

Dear Sir or Madam:

Enclosed please find the original 2001 Uniform Business Report for the above corporation, together with a check in the amount of \$150.00 payable to the Department of State for the filing fee. If you have any questions, please contact the undersigned.

Sincerely,

Karen M. Brown, CLA

Legal Assistant

KMB/cl **Enclosure**

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