

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000009554**

1. Entity Name

TRANSAMERICA CAPITAL CORPORATION**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90123 047 ***150.00

Principal Place of Business

Mailing Address

4400 PGA BLVD., SUITE 505
PALM BEACH GARDENS FL 33420**4400 PGA BLVD., SUITE 505**
PALM BEACH GARDENS FL 33410-6558

2. Principal Place of Business

3. Mailing Address

2000 PGA Blvd.**2000 PGA Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4410**Suite 4410**

City & State

City & State

N. Palm Beach, FL**N. Palm Beach, FL**

Zip

Country

Zip

Country

33408-2378**USA****33408-2378****USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, DONALD**4400 PGA BLVD., SUITE 505 2000 PGA Blvd., Suite 4410**
PALM BEACH GARDENS FL 33420 N. Palm Beach, FL 33408-2378

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 State10. 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 **D** ☐ Delete
NAME **MILLER, DONALD W**
STREET ADDRESS **4400 PGA BLVD., SUITE 505** **2000 PGA Blvd., Suite 4410**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **N. Palm Beach, FL 33408-2378**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
Donald W. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

561-627-0677

Daytime Phone #