

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90467 001 ***450.00

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DOCUMENT # P97000009554

1. Entity Name
TRANSAMERICA CAPITAL CORPORATION



Principal Place of Business
**2000 PGA BLVD
STE 4410
NORTH PALM BEACH FL 33408-2378**

Mailing Address
**2000 PGA BLVD
STE 4410
NORTH PALM BEACH FL 33408-2378**



2. Principal Place of Business
3801 PGA BLVD.

3. Mailing Address
P.O. Box 30633

Suite, Apt. #, etc.
Ste 806

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number
65-1112095

Applied For
☐ Not Applicable

33410

Country
USA

33420-0638

Country
USA

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

**MILLER, DONALD
2000 PGA BLVD
STE 4410
NORTH PALM BEACH FL 33408-2378**

Name
Street Address (P.O. Box Number is Not Acceptable)
**3801 PGA BLVD
806
Palm Beach Gardens FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald W. Miller* **Donald W. Miller** 04/08/03
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, DONALD W
4400 PGA BLVD., SUITE 505
PALM BEACH GARDENS FL 33420**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3801 PGA BLVD 806
P.O. Box 30633
PALM BEACH GARDENS FL 33420**

TITLE
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald W. Miller* **Donald W. Miller** 04/08/03 567-766-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2834 (10/02)