

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039806

1. Entity Name

AMERICAN CAPITAL TRUST, INC.

Principal Place of Business

Mailing Address

8330 STATE RD 84
DAVIE FL 33324

8330 STATE RD 84
DAVIE FL 33324-4546

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 65-0833921

Applied For

Not Applied For

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

GLASSMAN, LEE D
1133 S. UNIV. DR., STE. 211
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
HAWS, NELSON S
1227 NW 126 AVE.
SUNRISE FL 33323 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
T
HAWS, NELSON S
1227 NW 126 AVE.
SUNRISE FL 33323 ☐ Delete

TITLE NAME
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CITY-ST-ZIP
☐ Delete

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

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 changed, or on an attachment with an address, with all officers like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-00

Date

800-972-622

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90025 026 ***150.00



DO NOT WRITE IN THIS SPACE