

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02880

1. Entity Name

COURTESY ACCEPTANCE CORPORATION

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90037 022 ***550.00

Principal Place of Business

707 MENDHAM BLVD
 STE 100
 ORLANDO FL 32825
 US

Mailing Address

C/ROBER M. STEENBERGH
 707 MENDHAM BLVD/#100
 ORLANDO FL 32825
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3101157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STEENBERGH, ROBERT M
 707 MENDHAM BLVD.
 STE 100
 ORLANDO FL 32825

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
 NAME SWOPE, SAMUEL G.
 STREET ADDRESS 703 CRICKLEWOOD TERRACE 3135 Tala 400P
 CITY-ST-ZIP HEATHROW FL Longwood, FL 32799

TITLE VD ☐ Delete
 NAME HACKETT, DAVID KIMBERLEY
 STREET ADDRESS 301 N. BIRCH RD #116 2100 N. Ocean Blvd #1204
 CITY-ST-ZIP FT. LAUDERDALE FL 99904-33305

TITLE TSD ☒ Delete
 NAME LA ZINSK, STEPHEN A.
 STREET ADDRESS 1117 BROWNSHIRE CT
 CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-00

Date

Daytime Phone #

CR2E034 (5/00)