

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**


05-08-2000 90167 010 \*\*\*150.00

**DOCUMENT # 820062**

1. Entity Name  
**AMERICAN CAPITOL INSURANCE COMPANY**

Principal Place of Business	Mailing Address
10555 RICHAMOND AVENUE HOUSTON TX 77042-5054 US	10555 RICHAMOND AVENUE HOUSTON TX 77242-2814 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **74-1219404**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ (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	PD CORNETT, JOHN D.	TITLE	
NAME	10555 RICHMOND AVE	NAME	
STREET ADDRESS	HOUSTON, TX 00000	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP STITES, D R	TITLE	
NAME	10555 RICHMOND AVE	NAME	
STREET ADDRESS	HOUSTON TX 77042	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST MUSSELWHITE, H K	TITLE	
NAME	1055 RICHMOND AVE	NAME	
STREET ADDRESS	HOUSTON, TX 00000 77042	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HILL, C S JR	TITLE	
NAME	2924 ELLA LEE	NAME	
STREET ADDRESS	HOUSTON TX	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GUEST, WILLIAM F.	TITLE	
NAME	10555 RICHMOND AVE.	NAME	
STREET ADDRESS	HOUSTON TX	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Kathleen Musselwhite* **Kathleen Musselwhite** 4/19/00 713-974-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #