

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90033 037 \*\*\*150.00

**DOCUMENT # F93000003971**

1. Entity Name  
**CONSUMER ACCEPTANCE CORPORATION**

Principal Place of Business 11825 N PENNSYLVANIA CARMEL IN 46032 US	Mailing Address 2345 S LYNHURST DR STE 210 INDIANAPOLIS IN 46241-5100 US
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2. Principal Place of Business <b>2345 S. Lynhurst Drive</b> Suite, Apt. #, etc. <b>Suite 210</b> City & State <b>Indianapolis, IN</b> Zip <b>46241</b> Country <b>USA</b>	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>35-1739977</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES ST**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TERRELL, JAMES J</b> <b>4575 RIVER TRAIL RD</b> <b>JACKSONVILLE FL 32277</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>HASELEY, TIMOTHY W</b> <b>5 CATALINA CIR</b> <b>ZIONSVILLE IN 46077</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DICK, ROLLIN M</b> <b>9085 E. ST RD 334</b> <b>ZIONSVILLE IN 46077</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KAPPES, TIMOTHY</b> <b>4069 BROCKTON MANOR N DR</b> <b>GREENWOOD IN 46143</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>President</b> <b>William B. Dyer</b> <b>20913 St. Andrews Blvd, #50</b> <b>Boca Roton, FL 33433</b></del> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>James J. Larkin</b> <b>9815 William Penn Circle</b> <b>Indianapolis, IN 46256</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William B. Dyer</b> <b>President</b> <b>20913 St. Andrews Blvd., #50</b> <b>Boca Rotan, FL -33433</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy W. Kappes **Timothy W. Kappes, Secretary** Date: **02/01/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
**(800) 670-8160, ext.**

CR2E034 (9/99)