

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90319 031 ***150.00

DOCUMENT # L77611

1. Entity Name

NAL ACCEPTANCE CORPORATION

Principal Place of Business

Mailing Address

5217 COCONUT CREEK PKWY
 POMPANO BEACH FL 33063
 US

11825 N. PENNSYLVANIS ST.
 DEPT A2A
 CARMEL IN 46032
 US

2. Principal Place of Business

5217 Coconut Creek Pkwy.

3. Mailing Address

2345 S. Lynhurst Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 Suite 210

City & State

Margate, FL

City & State

Indianapolis, IN

4. FEI Number

59-3010303

Applied For

Not Applicable

Zip

33063

Country

Broward

Zip

46241

Country

Marion

5. Certificate of Status Desired -- Additional Fee Required

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, R.K. JONES ESQ
 500 CYPRESS CK RD WEST
 SUITE 590
 FT. LAUDERDALE FL 33309-6127

7. Name and Address of New Registered Agent

Name: Ken Jones
 Street Address (P.O. Box Number is Not Acceptable): 5217 Coconut Creek Pkwy.
 City: Margate FL Zip Code: 33063

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: *R.K. Jones* *Francis B. No. 847150* DATE: 4-20-00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYER, WILLIAM B 5217 COCONUT CREEK PKWY POMPANO BEACH FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William B. Dyer 5217 Coconut Creek Pkwy. Margate, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD COMBS, ANDREW 11825 N. PENNSYLVANIA ST. CARMEL IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andrew S. Combs 5217 Coconut Creek Pkwy. Margate, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD COMBS, ANDREW S 745 FIFTH AVE-STE 2700 NEW YORK NY 10151 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HASELEY, TIMOTHY W 11825 N. PENNSYLVANIA ST. CARMEL IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Timothy W. Haseley 5217 Coconut Creek Pkwy. Margate, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNET, MICHAEL F 745 FIFTH AVE-STE 2700 NEW YORK NY 10151 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James J. Larkin 11825 N. Pennsylvania St. Carmel, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *William B. Dyer* **REQUIRED** DATE: 4/26/00 DAYTIME PHONE #: (954) 917-6451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)