

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90299 001 ***672.50

DOCUMENT # 762172

1. Entity Name
BAC FUNDING CORPORATION ✓

Principal Place of Business Mailing Address

6600 NW 27 AVE **6600 NW 27 AVE**
MIAMI FL 33147 **MIAMI FL 33147-7220**
US **US**

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 **59-2196535** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, EDWIN L.
6600 NW 27 AVE,
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name **Cunningham Law Firm**
 Street Address (P.O. Box Number is Not Acceptable) **F. Malcolm Cunningham, Jr**
400 Australian Ave Suite 700
 City **West Palm Bch** FL Zip Code **33401**

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 **F. Malcolm Cunningham, Jr** DATE **6-7-00**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	SD MCNEILL, E. ANN <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6600 NW 27TH AVE. MIAMI FL	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	CD FRAZIER, RONALD E <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1320 NW 88TH STREET MIAMI FL	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	PD MILLER, EDWIN L <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6600 N.W. 27TH AVENUE MIAMI FL	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	D BRYAN, CASTELL <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6600 N.W. 27TH AVENUE. MIAMI FL 33147	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	TD KERSHAW, HOWARD <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	ONE S.E. 3RD AVENUE MIAMI FL	STREET ADDRESS CITY-ST-ZIP	Kim Griffin Hunter 6600 N.W. 27th Ave Miami, FL 33147
TITLE NAME	D CANCELLA, JOSE <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6600 N.W. 27TH AVENUE MIAMI FL 33147	STREET ADDRESS CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **2/10/00** Daytime Phone #

RECEIVED

CR2E037 (9/99)