

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

06-19-2000 90299 001 \*\*\*672.50

**DOCUMENT # 766594**

1. Entity Name

**BAC FUNDING CONSORTIUM, INC.**

Principal Place of Business

6600 N.W. 27TH AVE  
 MIAMI FL 33147  
 US

Mailing Address

6600 N.W. 27TH AVE  
 MIAMI FL 33147-7220  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2425541**

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 N.W. 27 AVE.  
 MIAMI FL 33147

7. Name and Address of New Registered Agent

Name: **F. Malcolm Cunningham, JR.**  
 Street Address (P.O. Box Number is Not Acceptable): **400 Australian Ave Suite 700**  
**Cunningham Law Firm**  
 City: **West Palm Beach** 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.**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**6-7-00**  
 DATE

**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

TITLE	CD	<input type="checkbox"/> Delete
NAME	<b>FRAZIER, RONALD E.</b>	
STREET ADDRESS	<b>1320 N.W. 88TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>MILLER, EDWIN L.</b>	
STREET ADDRESS	<b>6600 N.W. 27 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>MCNEILL, E. ANN</b>	
STREET ADDRESS	<b>6600 N.E. 27 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GOLDBERG, BARTON S</b>	
STREET ADDRESS	<b>6600 NW 27TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>HOBBS, GREGORY L</b>	
STREET ADDRESS	<b>6600 NW 27TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>KERSHAW, HOWARD</b>	
STREET ADDRESS	<b>6600 NW 27TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Edwardo A. Masferrer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6600 N.W. 27 Ave</b>	
STREET ADDRESS	<b>Miami, FL 33147</b>	
CITY-ST-ZIP		
TITLE	<b>Louis F. Powell, Jr</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6600 N.W. 27 Ave</b>	
STREET ADDRESS	<b>Miami, FL 33147</b>	
CITY-ST-ZIP		
TITLE	<b>Steve T. Lett</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6600 NW 27 Ave</b>	
STREET ADDRESS	<b>Miami, FL 33147</b>	
CITY-ST-ZIP		
TITLE	<b>Barbara Romani</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6600 NW 27 Ave</b>	
STREET ADDRESS	<b>Miami, FL 33147</b>	
CITY-ST-ZIP		
TITLE	<b>Kim Griffin Hunter</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6600 NW 27th Ave</b>	
STREET ADDRESS	<b>Miami, FL 33147</b>	
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]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/00**  
 Date

Daytime Phone #

CR2E037 (9/99)