

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L98000000128**

1. Entity Name  
**BARTLETT PARK NEIGHBORHOOD REDEVELOPMENT, L.C.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB 22 PM 12: 08

Principal Place of Business  
 400 NORTH ASHLEY DRIVE  
 FL1-010-02-07  
 TAMPA FL 33602 -4300

Mailing Address  
 400 NORTH ASHLEY DRIVE  
 FL1-010-02-07  
 TAMPA FL 33602-4300



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Zip Country

4. FEI Number **59-3495254** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONSBANK COMMUNITY DEVELOPMENT CORP. ** 400 NORTH ASHLEY DRIVE, FL1-010-02-07 TAMPA FL 33602-4300	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  wf 3/2/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**now known as Banc of America Community Development Corporation	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  300003161403--2 -03/07/00--01103--009 *****50.00 <input checked="" type="checkbox"/> Addition
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
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
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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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  
 Banc of America Community Development Corporation (f/k/a NationsBank Community Development Corporation) Manager

**SIGNATURE: By:** *Sarah A. Linn* **SIGNATURE REQUIRED** 2/16/2000 704/386-9646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #  
 Sarah A. Linn, Assistant Secretary

CR2E083 (9/99)