

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A23321

1. Entity Name

EQUITRUST SERIES 86-I MORTGAGE FUND, LTD.

FILED

00 MAY 26 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3127 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES FL 33134-6816

Mailing Address  
3127 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES FL 33134-6816



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2735268

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODMAN, RICHARD I.  
SUITE 200  
3171 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134-6816

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$537,500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 093027000086  
NAME EQUITRUST ASSOCIATES  
STREET ADDRESS 3127 PONCE DE LEON BLVD., #200  
CITY - ST - ZIP CORAL GABLES FL 33134-6816

STREET ADDRESS

CITY - ST - ZIP

77 526.25

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

RICHARD I. GOODMAN

4-14-2000 (35)567-9935

CF 11.003 (1/99)