

2001 UNIFORM BUSINESS REPORT (UBR)

000405 AF

DOCUMENT # **A23321**

1. Entity Name

EQUITRUST SERIES 86-I MORTGAGE FUND, LTD.

FILED

01 APR 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

951 N E 167 St #204
Suite, Apt. #, etc.
204

3. Mailing Address

951 NE 167th ST #204
Suite, Apt. #, etc.
204

City & State

North Miami Beach, FL

Zip
33162

Country

City & State

North Miami Beach, FL

Zip

33162

Country

4. FEI Number

59-2735268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **STEVEN
Meister**
Street Address (P.O. Box Number is Not Acceptable)
951 NE 167 Street #204

City **North Miami Beach** FL Zip Code **33162**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/01

9. Capital Contributions
as Shown on record.

\$537,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

25,000.00

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

DOCUMENT # **G00147900351**
NAME **EQUITRUST ASSOCIATES**
STREET ADDRESS **3127 PONCE DE LEON BLVD., #200**
CITY-ST-ZIP **CORAL GABLES FL 33134-6816**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **951 N E 167th Street, #204**
CITY-ST-ZIP **North Miami Beach, Florida 33162**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 **J**

4/15/01

Date

Daytime Phone #

CR2003 (11/00)