

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001317

1. Entity Name  
INTERLACHEN COMMERCIAL MORTGAGE COMPANY, LLC

FILED

01 MAY -4 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
250 PARK AVENUE SOUTH, SUITE 625  
WINTER PARK FL 32789

Mailing Address  
P.O. BOX 1916  
WINTER PARK FL 32790



2. Principal Place of Business  
200 E. New England Avenue  
Suite, Apt. #, etc.  
#200

3. Mailing Address  
PO BOX 1916  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Winter Park, FL  
Zip  
32789  
Country  
USA

City & State  
Winter Park, FL  
Zip  
32790  
Country  
USA

4. FEI Number  
59-3024965

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

BODE, C. BAXTER  
250 PARK AVENUE SOUTH, #625  
WINTER PARK FL 32789

## 7. Name and Address of New Registered Agent

Name  
C. Baxter Bode  
Street Address (P.O. Box Number is Not Acceptable)  
200 E. New England Avenue  
#200  
City  
Winter Park  
FL  
Zip Code  
32789

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.

(NOT) Registered Agent signature required when reinstating

DATE

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

## 9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
Member	C. Baxter Bode	200 E. New England Ave #200	Winter Park, FL 32789	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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.

SIGNATURE:

SIGNATURE REQUIRED

3.02.2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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