

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008723

1. Entity Name
WESTMINSTER FUNDING, L.C.

Principal Place of Business
990 NORTH FEDERAL HWY., SUITE 400
BOCA RATON FL 33432

Mailing Address
990 NORTH FEDERAL HWY., SUITE 400
BOCA RATON FL 33432

FILED

2001 APR 27 PM 4:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

~~AMERICAN INFORMATION SERVICES, INC.~~
~~350 E LAS OLAS BLVD., SUITE 1600~~
~~FORT LAUDERDALE FL 33301~~

Name
Robert Comparato
Street Address (P.O. Box Number is Not Acceptable)
990 N FEDERAL HWY, SUITE 400
City
BOCA RATON FL Zip Code
33432

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

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

600004334826--1
-05/30/01--01089--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
~~SCHECHER, GREG E~~
990 N. FEDERAL HWY., SUITE 400
BOCA RATON FL 33432 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Robert Comparato
990 N. Fed. Hwy. #400
BOCA RATON, FL 33432 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE:

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

Date

Daytime Phone #

4-26-01 (56) 391-4040

CR2E083 (11/00)