

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90686 018 ****50.00

DOCUMENT # L01000014048

1. Entity Name

BRISTOL HOME MORTGAGE LENDING, LLC



Principal Place of Business

Mailing Address

**7251 WEST PALMETTO PARK ROAD, SUITE 301
BOCA RATON FL 33433**

**7251 WEST PALMETTO PARK ROAD, SUITE 301
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1137820

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

**TOBIN & REYES, P.A.
7251 WEST PALMETTO PARK ROAD
SUITE 205
BOCA RATON FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

**P
NAME KOPELOWITZ, HARVEY
STREET ADDRESS 7251 W PALMETTO RD #301
CITY-ST-ZIP BOCA RATON FL 33433**

TITLE ☐ Delete

**~~M. REMBOLD~~
NAME ~~L. OZIS FOX~~
STREET ADDRESS ~~7251 W PALMETTO PARK ROAD~~
CITY-ST-ZIP ~~BOCA RATON FL 33433~~**

TITLE ☐ Delete

**~~M. REMBOLD~~
NAME ~~RITCHIE, EDWARD~~
STREET ADDRESS ~~7251 W PALMETTO PARK ROAD~~
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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

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

Date

Daytime Phone #

3/15/03
392-2728

CR2E083 (10/02)