

# 2000 UNIFORM BUSINESS REPORT (UBR)

0004911 AF

**DOCUMENT # L96000001280**

1. Entity Name  
**GREENPOINTE FUNDING, L.C.**

**FILED**

00 APR 10 AM 9:20

SECRETARY OF STATE



Principal Place of Business 600 S. ANDREWS AVENUE SUITE 400 FORT LAUDERDALE FL 33301	Mailing Address 600 S. ANDREWS AVENUE SUITE 400 FORT LAUDERDALE FL 33301-2861
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DO NOT WRITE IN THIS SPACE

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 <b>65-0728508</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GREEN, BRUCE**  
**600 S. ANDREWS AVENUE**  
**SUITE 400**  
**FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: 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	MEM	<input type="checkbox"/> Delete	
NAME	ZEIDWIG, HOWARD		
STREET ADDRESS	600 S. ANDREWS AVE, STE 400		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE	MEM	<input type="checkbox"/> Delete	
NAME	SPECHLER, JAY		
STREET ADDRESS	600 S. ANDREWS AVE, STE 400		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE	MEM	<input type="checkbox"/> Delete	
NAME	GREENE, CHARLES		
STREET ADDRESS	600 S. ANDREWS AVE, STE 400		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE	MGRM	<input type="checkbox"/> Delete	
NAME	GREENE, BRUCE		
STREET ADDRESS	600 S. ANDREWS AVE, STE 400		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS/CHANGES			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	800003222178--2		
CITY-ST-ZIP	-04/25/00--01014--009		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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]* **SIGNATURE REQUIRED** **Bruce Green, Man. Mem.** 4-5-00 954-462-6008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)