

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000297**

1. Entity Name

BELMONT HEIGHTS DEVELOPMENT COMPANY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 PM 3:19

Principal Place of Business
400 NORTH ASHLEY DRIVE, FLI-010-02-07
TAMPA FL 33602 -4300

Mailing Address
400 NORTH ASHLEY DRIVE, FLI-010-02-07
TAMPA FL 33602 -4300

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

59-3508389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
**MGR
NATIONSBANK COMMUNITY DEVELOPMENT CORP. ****
STREET ADDRESS
CITY- ST- ZIP
**400 NORTH ASHLEY DRIVE, FLI-010-02-07
TAMPA FL 33602 -4300**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
**4000003140884--8
-02/21/00--01824-012
*****50.00 *****50.00**

TITLE NAME ☐ Delete
****now known as Banc of
America Community Development
Corporation**
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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.

Banc of America Community Development Corporation (f/k/a NationsBank Community Development Corporation)

SIGNATURE: By: *Sarah A. Linn* **REQUIRED**

2/4/2000

704/386-9646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Sarah A. Linn, Assistant Secretary

Date

Daytime Phone #

CR2E083 (9/99)