

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001674

1. Entity Name
HOMEBUYERS FUNDING, LLC

Principal Place of Business
1155 S. SEMORAN BLVD., SUITE 1220
WINTER PARK FL 32792

Mailing Address
1155 S. SEMORAN BLVD., SUITE 1220
WINTER PARK FL 32792-5528

2. Principal Place of Business

3. Mailing Address
1500 LEE ROAD

Suite, Apt. #, etc.
SUITE 1120

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL

Zip

Country

Zip
32810

Country
USA

6. Name and Address of Current Registered Agent

STEPHAN, REINHARD G
2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

600003238576--1

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, effective 05/08/00. Fee Required: *****50.00 *****50.00

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VRATANINA, JEFFREY J 1500 LEE ROAD ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GIARDINIERI, HANK 1155 S. SEMORAN BLVD., SUITE 1220 WINTER PARK FL 32792	<input checked="" 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR IGOR TEPLITSKY 1155 S. SEMORAN BLVD., SUITE 1120 WINTER PARK, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04-14-00

Date

(407) 578-2000

Daytime Phone #

APPROVED
AND
FILED

00 APR 18 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

mm

4. FEI Number

59-3531101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083 (9/99)