

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000021

AF

DOCUMENT # L98000001946

1. Entity Name

OAKLAND TRACE REDEVELOPMENT, L.C.

FILED

00 JAN 27 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

FL9-001-09-03

50 NORTH LAURA STREET

JACKSONVILLE FL 32202 -3664

Mailing Address

FL9-001-09-03

50 NORTH LAURA STREET

JACKSONVILLE FL 32202-3664  
3664

2. Principal Place of Business

see corrections above

3. Mailing Address

see corrections above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3538206

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  
MGRM NATIONSBANK COMMUNITY DEVELOPMENT CORP. \*\*  
STREET ADDRESS 50 NORTH LAURA STREET 9th Floor  
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE NAME ☐ Delete  
\*\*now known as Banc of  
America Community Development  
Corporation

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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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.

SIGNATURE: By: Sarah A. Linn REQUIRED  
Banc of America Community Development Corporation (f/k/a NationsBank Community Development Corporation) Managing Member  
1/14/2000 704/386-9646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

Sarah A. Linn, Assistant Secretary

CR2E083 (9/99)

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TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	MGRM	NATIONS BANK COMMUNITY DEVELOPMENT CORP. **	50 NORTH LAURA STREET 9th Floor JACKSONVILLE FL 32202

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

SIGNATURE: By: *Sarah A. Linn*

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

1/14/2000

Date

704/386-9646

Daytime Phone #

Sarah A. Linn, Assistant Secretary

CR2E083 (9/99)